



424 N. Sappington Road Glendale, Missouri 63122 (314) 965-3600 fax (314) 965-4772

May 5, 2022

Dear Consultant,

The City of Glendale is requesting the services of a consulting engineering firm to perform the described professional services for the project included in the attached list. If your firm would like to be considered for these consulting services, you may express your interest by responding to the appropriate office, which is indicated on the attachments. Limit your letter of interest to no more than five (5) pages. This letter should include any information which might help us in the selection process, such as the persons or team you would assign to each project, the backgrounds of those individuals, and other projects your company has recently completed or are n now active. It is required that your firm's Statement of Qualifications (RSMo 8.285 through 8.291) be submitted with your firm's Letter of Interest. The Statement of Qualifications is not included in the total page count limit.

DBE firms must be listed on the MRCC DBE Directory located on MoDOT's website at [www.modot.gov](http://www.modot.gov) in order to be counted as participation towards an established DBE Goal. We encourage DBE firms to submit letters of interest as prime consultants for any project they feel can be managed by their firm.

It is required that your firm be prequalified with MoDOT and listed on MoDOT's Approved Consultant Prequalification List, or your firm will be considered non-responsive.

We request all letters be received by 1 pm, local time June 2, 2022 at Glendale City Hall, 424 N. Sappington Rd, Glendale, MO 63122.

Best regards,

A handwritten signature in black ink, appearing to read "Terry Jones", with a stylized, flowing script.

Terry Jones  
Public Works Superintendent  
City of Glendale



424 N. Sappington Road Glendale, Missouri 63122 (314) 965-3600 fax (314) 965-4772

City of Glendale  
424 N. Sappington Rd  
Glendale, MO 63122

## **Request for Qualifications for**

### **Engineering Services for STP – 5568(604)**

### **N. Sappington Rd Preservation**

May 5, 2022

Questions Deadline: 10 am, May 19, 2022

Proposal Due: 1 pm, June 2, 2022

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## **SECTION 1. PURPOSE AND INTRODUCTION**

The Missouri Highways and transportation Commission have determined that the N. Sappington Rd Preservation Project is consistent with the goals of the Surface Transportation Program and has awarded the City of Glendale grant funding for the project.

### **1. Background and Project Description**

N. Sappington Rd is a collector street running north and south within the boundaries of the City of Glendale between Manchester Rd and Lockwood Ave. This street was reconstructed in 2007 with the addition of concrete sidewalks on both side of the street, concrete curb and gutter throughout, ADA ramps at each intersection, decorative stamped concrete crosswalks, decorative street lighting, and an asphalt overlay with painted pavement markings.

Residential properties mainly line this street along with a handful of businesses, churches, and condominiums. Glendale City Hall, Glendale Fire Department, and Glendale Police Department, along with N. Glendale Elementary School also front N. Sappington Rd.

Since 2007 weather and time have deteriorated portions of the curb and guttering, sidewalk sections, crosswalks, and pavement. Several underground utility replacement projects along streets intersecting N. Sappington Rd have resulted in uneven repair patches.

This project will include design and construction of new decorative crosswalks, as-needed curb and gutter replacements, as-needed sidewalk slab replacements, selection and installation of new crosswalk traffic signals, asphalt milling and paving, asphalt striping, and implementation of any ADA upgrade requirements. A hydraulic study is necessary to determine the need for additional stormwater collection systems, if any. A school zone safety study is also necessary to determine a need for safety improvements within the zone, if any.

The project length is 1.35 miles, and the approximate construction cost is \$1,105,500.00.



## **SECTION 2. SUBMITTAL REQUIREMENTS**

Discuss the qualification of your firm's project team and its ability to provide professional services as presented in Section 3. Particularly discuss the following elements:

### **A. General Consultation Information**

List the general information of your Firm including name, mailing address, location, phone number, fax number and email address of firm/person submitting the proposal.

### **B. Related Experience and Past Performance of Firm**

Indicate the related and special experience of your Firm within the past five (5) years in conducting services of similar scope and magnitude, with the City of Glendale and other agencies. Include the name of the client and project, location, scope of work and services provided, date completed, and contact, including telephone number. Emphasize the specialties and strengths of your Firm.

### **C. Personnel Availability and Workload**

List a brief resume of each key person(s) and/or specialist(s) to be assigned to these projects and indicate your Firm's current workload and availability of personnel to complete projects in a timely manner. Include the number of employees available in our Firm, classified by their field(s) of experience.

### **D. Proposed Sub-Consultants, Joint Ventures, or Partnership Agreements**

Identify any sub-consultants you may use to augment your efforts. Include their personnel qualifications, experience, and anticipated tasks.

### **SECTION 3. SCOPE OF SERVICES**

The City of Glendale is requesting qualifications for engineering design and construction management. The descriptions of the requested services are not all inclusive of the tasks required.

1. The preparation of conceptual plans, preliminary plans, Contract plans, ROW plans, and final plans, specifications, Contract documents and estimates, and assistance or management of bidding processes in accordance with MODOT LPA and FHWA regulations for ADA compliant sidewalks and preparation of PS&E final documents.
2. Performance of surveying, geotechnical investigations, hydraulic studies and provide environmental and historic preservations services/permits including the preparation of PS&E and final documents as needed.
3. Preparation of ROW plans, exhibits, and title commitments for parcels where ROW or easement are required.
4. Negotiate ROW acquisition on behalf and approval of the City.
5. Specify location and standard ADA curb ramp detail type on plans where ROW availability and grades allow.
6. Detailed designs of ADA curb ramps where necessary. Provide surveying for design if necessary.
7. Locate in field and indicate on plans concrete curb and guttering to be removed, installed and/or replaced.
8. Locate in field and indicate on plans areas requiring full depth pavement repairs or replacements.
9. Traffic study(s) as necessary to provide safe pedestrian crossings at uncontrolled crosswalks.
10. Submittal of preliminary plans and design coordination with MSD and Missouri DNR, if required.
11. Responsible for utility coordination and identifying conflicts.
12. Responsible for coordination of any necessary or required public involvement.
13. Work with the Contractor on behalf of the city, assist with preconstruction conference, perform periodic site inspections, prepare change orders, inspect construction materials, check shop drawings submitted by the Contractor, conduct construction test and inspections, be present during critical construction operations, work with the City to do full time inspections and reporting, and participate in final inspection.

### **SECTION 4. SUBMISSION OF QUALIFICATIONS**

Five (5) copies of these Qualifications shall be submitted, in a sealed envelope or package to Ben DeClue, City Administrator, 424 N. Sappington Rd, Glendale, MO 63122

by 1 pm local time on June 2, 2022. Qualifications submitted after this date and time will not be eligible for consideration.

## SECTION 5. EVALUATION CRITERIA

<b>City/County: City of Glendale, St. Louis County, N. Sappington Rd</b>	
Federal Aid No:	STP 5568 (604)
Location:	Glendale, MO
Proposed Improvement:	N. Sappington Rd Preservation
Length:	1.35 miles
Approximate Construction Cost:	\$1,105,500.00
DBE Goal Determination:	16%
Consultant Services Required:	As outlined in Section 3 of this document. Descriptions are not all inclusive of tasks required.
Other Comments:	
Contact:	Terry Jones Public Works Superintendent City of Glendale 424 N. Sappington Rd Glendale, MO 63122 314-968-8157 <a href="mailto:tjones@glendalemo.org">tjones@glendalemo.org</a>
Deadline:	Questions: 10 am, May 19, 2022 RFQ: 1 pm, June 2, 2022
<ul style="list-style-type: none"><li>• Submit: Letter of interest should not exceed 5 pages total. A page is defined as 8-1/2 by 11 inches and printed on one side. Three copies of the letter interest should be received at the address and by the time specified.</li></ul>	

Pursuant to the Brooks Act for Consultant Selection, the following criteria will be the basis for selection.

Experience and Technical Competence	40 Max Points
Capacity and Capability	30 Max Points
Past Record of Performance	30 Max Points

## **SECTION 6. MISCELLANEOUS**

### **1. Incurring Costs**

This request for Qualifications does not commit the City to award a Contract or to pay for any cost incurred by successful or unsuccessful submittal in the preparation for this request.

### **2. Confidentiality**

The City shall follow the Missouri Sunshine Law, section 610, therefore all documentation, proposals, bids, contracts, and other documentation submitted to the City in response to this Request for Proposal is subject to this law. In the event any Firm submitting a proposal shall include any information deemed “proprietary or confidential” such information shall be clearly marked. The City as a public entity cannot and does not warrant that information will not be disclosed.

### **3. Logo**

The City’s logo should not be used in responding to this proposal.

### **4. Conflict of Interest**

Firm will disclose all business interests or family relationships with any city officer or employee who was, is, or will be involved in Firm’s selection, negotiation, drafting, signing, administration, or evaluating Firm’s performance. As used in this section, the term “Firm” shall include any employee of Firm who was, is, or will be involved in the negotiation, drafting, signing, administration, or performance of the Agreement. As used in this section, the term “family relationship” refers to the following: spouse or domestic partner; any dependent parent; parent-in-law, child, son-in-law, or daughter-in-law; or any parent, parent-in-law, sibling, uncle, aunt, cousin, niece, or nephew residing in the household of a civic leader, elected official, city officer or employee described above.

### **5. Non-Discrimination**

The Firm shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, or disability. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, or transfer; recruitment; advertising; layoff or termination; rates of pay or other forms of compensations; and selection of training, including apprenticeship. Firm shall state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, or disability. Firm shall incorporate the foregoing requirements of this paragraph in all its subcontracts for work performed under the terms and conditions of this anticipated contract. A breach of this provision may be grounds for Contract termination.

### **6. Governing Law**

Firm shall at all times observe and comply with all Federal and State laws, all local laws, ordinances, and regulations existing at the time of or enacted subsequent to the execution of the contract which, if in any manner, affect the

prosecution of the work. Firm shall indemnify and save harmless the City and all of its representatives, and employees against any claim or liability arising from or based on the violation of any such law, ordinance, regulation, order, or decree, whether by himself, his employees, or his sub-contractors.

7. City to be Indemnified and Held Harmless

The anticipated contract shall require that Firm covenants and agrees to release the City and any municipal partners from any and all liabilities of any kind or nature in which the right, cause of action or claim of any kind or nature whatsoever may hereafter accrue to Firm, its employees or agents, by virtue of the anticipated contract between Firm and the City. Firm, further covenants and agrees to indemnify and hold the City harmless from any and all claims, rights or causes of actions or damages of every kind and nature whatsoever which may arise as a result of the anticipated contract between the City and Firm and Firm shall defend or pay the cost of defense of the City arising by virtue of any claim or cause of actions for damages. Firm agrees to pay any and all amounts which the City may be required to pay for damages or amounts which the City may be required to pay for damages or compensation connected with any claim arising by virtue of the anticipated contract between Firm and City.

8. Firm's Declaration

Firm will not be permitted to use, to its advantage, any omission or error in the Request for Proposal, the specifications, requirements, or the contract documents and the City reserves the right to issue new instruction for such error or omission if originally specified. Through submittal Firm states that they have examined the information and conditions surrounding the operation of the service contemplated by the Proposal, and is familiar with the requirements as to the equipment, supplies, and labor of such undertaking; and that Firm has carefully prepared, examined and checked the Proposal to ascertain that no mistake or error is contained in the Proposal; and the firm will make no claim for correction or modification after the closing time for the receipt of the proposals.

9. Binding Effect

The anticipated agreement for services contained in this Request for Proposal shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, executors, administrators, legal representatives, successors, and assigns.

10. Award of Contract

The award of the contract, if it be awarded, will be made to the most qualified Firm(s). Services under the anticipated contract will be performed on an "as needed" basis, the City does not guarantee the use of the anticipated contract during the contract term. The award of the anticipated contract will not be determined solely on price, but as a review of the proposed Firm in its entirety. The City will notify the Firm(s) after proposal receipt what information, if any, is required. The City reserves the right to reject any or all proposals and to waive any irregularities therein. The successful Firm will be notified by letter mailed to

the address shown on the proposal response that their proposal has been accepted and that they have been awarded the Contract.

11. Agreement and Term

It is the intent of the City to enter into a single or multiple agreement(s) with selected Firm(s). The selected Firm(s) will enter into a written contract(s) (the "Agreement") with the City of Glendale with the terms and conditions set forth herein and provide service at the rates submitted in the accepted Proposal Response. The resulting contract(s) will be subject to termination by the City in the event of sale or destruction of the facilities or misfeasance, nonfeasance, or malfeasance of the Firm.

12. Termination of Contract by Convenience

The City or Firm may terminate the anticipated contract at any time during its term by giving 60 day written notice of such intention to terminate this contract and setting forth a specific termination date.

13. Laws to be Observed

The successful Firm shall have a valid business license, hold all applicable certifications, and agree to maintain them throughout the terms of the anticipated agreement. Firm shall at all times observe and comply with all Federal and State laws, all local laws, ordinance, and regulations, existing at the time of or enacted subsequent to the execution of the contract which, if in any manner, affect the prosecution of the contract. Firm shall indemnify and save harmless the City and all of its representatives, and employees against any claim or liability arising from or based on the violation of any such law, ordinance, regulation, order, or decree, whether by himself, his employees, or his subcontractors.

14. Insurance Requirements

Indicate your ability to provide general and automotive liability insurance rates per State of Missouri statutory requirements.

15. E-Verify

Indicate your ability to provide a signed e-verify affidavit of compliance of Missouri Revised Statute section 285.530.1 in that is shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the State of Missouri.

16. Payment Terms

All requests for payment shall be submitted to the Glendale City Hall located at 424 N. Sappington Rd, Glendale, MO 63122. Billing submitted shall only include approved costs; any additions that have not been approved by the City shall be excluded for payment. Payment on billing will be issued within thirty (30) days following receipt of complete documentation as is required for the project in question.

17. Invoicing

All contracted work completed must include the following information on the related invoice for payment.

- a. Contract or Purchase Order Number
- b. Date of Invoice
- c. Invoice Number
- d. Description of Service(s)
- e. Payment Amount Requested

18. Questions and Clarifications

All questions shall be submitted in writing to Terry Jones, Public Works Superintendent at [tjones@glendalemo.org](mailto:tjones@glendalemo.org) before 10 am, May 19, 2022.

19. Amendment Issuance

If Firm has any questions which arise concerning the true meaning or intent of the specifications or any other requirement stated herein, Firm shall request that an interpretation be made in an Addendum. Failure to request an Addendum governing any such questions shall not relieve Firm from delivery in accordance with the intent of the specifications. If it becomes evident that the material contained within this Request for Proposal requires amendment, the Public Works Superintendent shall issue a formal written amendment to these documents for distribution to all known prospective respondents. The issuance of an amendment may be released until the stated date and time of proposal receipt. If it is deemed necessary by the City, the amendment may extend the current proposal receipt deadline.

20. Proposal Acceptance

- a. The City of Glendale reserves the right to accept proposals in whole or in part, and to reject all proposals, and to negotiate separately as necessary to serve the best interests of the City.
- b. Notifications of award will be made by the Public Woks Superintendent following passage of a resolution by the Mayor and Board of Aldermen accepting the proposal.
- c. The proposal must remain valid for at least ninety (90) days after submittal date.
- d. It is the intent of the City of Glendale to contract for this service as soon as possible.



## Surface Transportation Block Grant Program

2021 Call for Projects

For the St. Louis Region

### Road Project Type

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Sponsoring Agency: City of Glendale

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Project Title: North Sappington Road Resurfacing and Crosswalk/Sidewalk Reconstruction

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Federal Amount Requested: \$884,400.00

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**Applications Due: February 11, 2021 by 4:00 pm**



**EAST-WEST GATEWAY**  
Council of Governments

Creating Solutions Across Jurisdictional Boundaries

November 6, 2020



## SURFACE TRANSPORTATION BLOCK GRANT PROGRAM (STP-S)

### ROAD – PROJECT APPLICATION FORM

Please refer to the STP-S Project Development Workbook and the STP-S Scoring Criteria Guide for more information on the program requirements, available funding, and scoring criteria. The STP-S Project Development Workbook, STP-S Scoring Criteria Guide, and supplemental materials are available on the East-West Gateway Council of Governments (EWG) [STP-S Call for Projects](#) web page.

#### PLEASE NOTE:

This project application form is for the road project type. There are separate project application forms for the other project types, including: bridge, traffic flow, safety, active transportation, transit, and freight/economic development. If your agency is interested in applying for those project types, please obtain the application form from the EWG STP-S Call for Projects web page, or contact EWG staff for more information.

The call for projects begins on **November 6, 2020** and ends on **February 11, 2021** at 4:00 pm. Applications received after the deadline will not be accepted. Submit the completed application and necessary attachments electronically to EWG at [stps@ewgateway.org](mailto:stps@ewgateway.org). Save the electronic copy as a PDF file using the following format: 2021STPS\_[Sponsor]\_[Project Name].pdf. The electronic submission must include scanned signatures and attachments. Please submit one application per email. You will receive an email confirmation within one business day of submittal. If you do not receive confirmation or have questions about the application, contact EWG staff. Note that hard copies cannot be accepted as East-West Gateway's offices are currently closed. The information provided in this application is public record.

Project sponsors wanting feedback on applications may submit a preliminary copy by **January 7, 2021** to EWG at [stps@ewgateway.org](mailto:stps@ewgateway.org). EWG staff will review the applications submitted and will return comments by email by **January 21, 2021**. If a preliminary application is submitted for feedback, a final application must still be submitted by **February 11, 2021**.

#### CONTACT INFORMATION

Jason Lange, TIP Coordinator  
East-West Gateway Council of Governments  
One Memorial Drive, Suite 1600  
St. Louis, MO 63102-2451  
E-mail: [stps@ewgateway.org](mailto:stps@ewgateway.org)

STP-S Call for Projects web page: <http://www.ewgateway.org/transportation-planning/transportation-improvement-program/competitive-transportation-programs/call-for-projects-stp-s/>

## PROJECT CHECKLIST AND SUBMITTAL REQUIREMENTS

The evaluation and scoring of all projects will be based on the answers provided in the application and the attachments submitted.

The materials should be submitted in the following order.

### Project Application:

- ☒ **Project application fee** – ½ of one percent of federal funds requested. Make checks payable to “East-West Gateway Council of Governments” or “EWGCOG” or contact [staci.alvarez@ewgateway.org](mailto:staci.alvarez@ewgateway.org) to set up electronic funds transfer.
- ☒ **Completed STP-S application**
- ☒ **Scanned required signatures** – Notification of Title VI & Nondiscrimination Requirements, Financial Certification of Matching Funds, Person of Responsible Charge Certification, Right-of-Way Acquisition Certification Statement, Policy on Reasonable Progress Certification (Missouri only).

### Attachment A:

- ☒ **Project location map** – depict the location of the project on a base map such as a town road map, GIS map, aerial photo, or another base map suitable to clearly show the project’s overall location. Provide on an 8 ½ x 11 page. Project location is used by EWG to determine:
  - geographic scale project categorization (i.e., ‘within community’ or ‘outside community’)
  - score for Environmental Justice
  - score for employment density
  - score for intermodal connections
- ☒ **Detailed cost estimate** – use Estimate of Project Costs excel file provided by EWG.
- ☒ **Letter of permission from facility owner** – provide if sponsor does not own roadway.
- ☐ **Letter of support from match source** – provide if individual, business, other local public agency, or other third-party is providing matching funds.
- ☐ **Coordination letter(s)** – provide if sponsor requires coordination with other agencies to implement the project (e.g., Bi-State Development, Madison County Transit District, St. Clair County Transit District).

### Attachment B:

- ☒ **Photographs** – attach photo(s) of the current roadway.
- ☒ **Detailed map** – if applicable, provide a map showing:
  - locations of all proposed safety countermeasures along project limits (i.e., if chevrons are being added to a curve, mark the curve where the chevrons will be added)
  - transit routes along project limits
  - activity centers along project limits (e.g., a business district, retail center, medical facility, community center, park)
  - schools (grades K-12 and college/university) located within ½ mile of project limits
  - freight facilities along project limits (e.g., intermodal freight facility, major freight generator, logistic center, manufacturing or warehouse industrial land, port facility)
- ☒ **Typical section** – show details of before and after roadway improvements.
- ☒ **Road condition** – use Road Condition Evaluation Form provided by EWG.

Attachment C:

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**Crash reports** – attach full crash reports for all fatal and serious injury crashes and up to 10 minor injury and/or property damage only crashes that coincide with the safety countermeasure within the project limits from 2014-2018. Redact any personal information (e.g. names, addresses, etc.). Crash reports are not required if the project has no safety countermeasures.

Attachment D: (optional)

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**Documentation of an approved or adopted plan, ordinance, and/or policy that supports the project** – do not attach entire plan documents, only include the necessary pages.

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**Letters of support** – endorsements or petitions from associations, boards, school districts, residents, businesses, etc. Only attach letters of support that pertain to specific project.

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**Documentation of public involvement process** – public meeting minutes, newspaper clippings, press announcements, etc.

Attachment E:

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**Operations and maintenance** – use Operations and Maintenance Form provided by EWG. Only submit one per sponsor.

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**ITS architecture consistency** – submit ITS Architecture Project Consistency Statement Form provided by EWG if project includes ITS elements or modifies existing ITS.

**SUBMITTAL TYPE (CHECK ONE):**

☐

Preliminary application (for comments) – Due **January 7, 2021**

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Final application – Due **February 11, 2021**

SPONSOR INFORMATION					
Sponsoring agency:	City of Glendale, Missouri				
Secondary sponsor agency (if applicable):	NA				
<b>Chief Elected Official/Chief Executive Director:</b>					
Name:	Mike Wilcox			Title:	Mayor
Street address:	424 N Sappington Rd				
City:	Kirkwood	State:	MO	County:	St. Louis
				ZIP code:	63122
<b>Project contact:</b>					
Name:	Terry Jones			Title:	Director of Public Works
Agency:	City of Glendale				
Street address:	721 Bismark Avenue				
City:	Glendale	State:	MO	County:	St. Louis
				ZIP code:	63122
Phone Number:	314-965-3600		E-mail address:	tjones@glendalemo.org	
<b>Application contact:</b>					
Name:	Lorne Jackson, P.E. - Lochmueller Group, Inc.			Phone Number:	314-446-3792
E-mail address:	ljackson@lochgroup.com				
PROJECT INFORMATION					
Project title:	North Sappington Road Resurfacing and Crosswalk/Sidewalk Reconstruction				
Project status:			Is this application request for a piece of a larger project (phase) or the entire length of project?		
<input checked="" type="checkbox"/> New project			<input type="checkbox"/> Phase		
<input type="checkbox"/> Continuation of STP-S/CMAQ/TAP project			<input checked="" type="checkbox"/> Full project		
<input type="checkbox"/> Add to existing non-federally funded project					
If project is a continuation of another project that was previously programmed in the TIP, provide TIP ID # of existing project and also explain this relationship:					
If this project is a phase of a full project, how many phases are left to complete the project? Briefly explain each phase (i.e., project limits and general improvements):					
Has your agency received federal funds for this specific road segment within the last 10 years?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If yes, when?					
Year of original roadway construction or most recent reconstruction:				2007	
Year of last roadway resurfacing:		2007			
Does this project touch MoDOT or IDOT right-of-way?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If yes, a letter of support for this project is required from the state DOT.					
Does the sponsoring agency own and maintain this facility?					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If no, a letter of support for this project is required from the facility owner.					
If no, who owns the facility?					

ROADWAY INFORMATION				
Name of street or facility to be improved:	Sappington Road			
Project length (miles):	1.2			
Project limits – north/west reference point, cross street, or intersection:	Manchester Road			
Project limits – south/east reference point, cross street, or intersection:	West Lockwood Avenue			
Federal functional classification of road (per EWG) <sup>1</sup> :	Major Collector			
Average roadway pavement condition (PASER):	5.5			
	CURRENT:		PROPOSED:	
Traffic volumes (AADT):	6666	Year: 2019	7000	Year: 2039
Identify source of AADT <sup>2</sup> :	MoDOT			
Speed limit of street (mph):	25-30		25-30	
Number of through lanes (both directions):	2		2	
Number of turn lanes:	0		0	
Two-way left turn lanes <sup>3</sup> ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Typical lane width (feet):	11		11	
Outside lane width (feet):	11		11	
Shoulder width (feet):	NA		NA	
On-street parking allowed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Curb and gutter?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Sidewalks?	<input type="checkbox"/> One side <input checked="" type="checkbox"/> Both sides <input type="checkbox"/> None		<input type="checkbox"/> One side <input checked="" type="checkbox"/> Both sides <input type="checkbox"/> None	
Sidewalk width (feet):	5 and Varies		5 and Varies	
Existing sidewalk surface condition <sup>4</sup> :	<input type="checkbox"/> Poor <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> None		n/a	
Estimated sidewalk to be built (square yards):	n/a		904	
Sidewalk/roadway separation width (feet):	2		2	
On-road bicycle facility <sup>5</sup> ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
On-road bicycle facility width:	NA		Shared-Lane Markings	
Shared-use path/sidepath?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Shared-use path/sidepath width (feet):	NA		NA	
Estimated shared-use path to be built (square yards):	n/a		NA	
Number of new and/or reconstructed curb ramps:	n/a		62	

<sup>1</sup> EWG Functional Classification maps: <http://www.ewgateway.org/transportation-planning/roadway-functional-classification/>.

<sup>2</sup> If source is state DOT, use data from most recent available year. If source is a count conducted by the local agency, must be within five years.

<sup>3</sup> If two-way turn lane is proposed as part of road preservation, it must be paid for with local funds.

<sup>4</sup> **Poor:** the sidewalk has deep cracking and buckling, poor drainage, or tree root damage). Impassable to mobility impaired pedestrians. **Fair:** the sidewalk contains cracks or an uneven and distressed surface. Hinders mobility of the average pedestrian. **Good:** the sidewalk is free from significant cracking, buckling, or gravel surfaces. Unlikely to hinder mobility of the average pedestrian. **Excellent:** the sidewalk is in like new condition and contains no cracking or buckling. Does not hinder mobility of the average pedestrian. **None:** no sidewalk is present.

<sup>5</sup> On-road bicycle facility includes: bike lanes (separated, buffered, and standard). **Shared-lane markings (sharrows) and share the road/bikes may use full lane signage are not bicycle facilities.** View the EWG Bicycle Planning Guide for a description on bicycle facilities:

[https://www.ewgateway.org/wp-content/uploads/2018/07/BicyclePlanningGuide\\_June2018.pdf](https://www.ewgateway.org/wp-content/uploads/2018/07/BicyclePlanningGuide_June2018.pdf).

**LAND ACQUISITION INFORMATION**

Status of right-of-way acquisition (all properties, permanent and/or temporary easements, Temporary Slope Construction License (TSCL), and other rights-of-way):

- ☐ All acquired or none needed  
☐ In process  
☒ Not started

If applicable, list the number of parcels to be acquired (all properties, permanent and/or temporary easements, TSCL, and other rights-of-way):

Detailed property survey has not been completed. It is estimated that up to 8 parcels may require permanent easements for sidewalk and curb ramp work.

If any residential or commercial displacements are anticipated, give details on how many and if they are residential and/or commercial:

None

Right-of-way acquisition by: Consultant

Right-of-way condemnation by: Local Agency

Will the project traverse any public property, such as a public park that has used federal funds (e.g., Land and Water Conservation Funds) in the past?

☐ Yes ☒ No ☐ Unknown

**UTILITY COORDINATION**

*Note: project sponsor must coordinate with utilities prior to construction.*

Will the project involve any coordination with utilities?

☒ Yes ☐ No

*If yes, check the appropriate box to select the type of utility. Then give the names of the utility companies.*

☒ Electric Ameren

☒ Phone AT&T

☒ Gas Spire

☒ Water Missouri American

☒ Cable TV Charter

☒ Storm sewer MSD

☒ Sanitary sewer MSD

☐

☐

Give details concerning potential utility conflicts, problems, or issues:

There are no significant roadway profile changes proposed, therefore no major impacts to underground utilities is anticipated, only adjustments of valves and meters. Construction of the sidewalk may require adjustment of some above ground utilities.

Utility coordination completed by: Consultant

Designed by: Consultant

Inspected by: Consultant

RAILROAD COORDINATION	
Does the project traverse any property owned by a railroad? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is there a railroad within 500' of project limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of railroad:	
Number of crossings impacted:	
Are the crossings active?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Width of crossing:	
What is the crossing type? <input type="checkbox"/> Timber <input type="checkbox"/> Rubberized <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Other	
Describe other:	
PROJECT MAINTENANCE	
List any regular maintenance tasks anticipated over the next 25 years: Crack sealing of pavement and sidewalk joints. Repainting pavement markings periodically.	
Estimated annual cost to maintain facility and funding source(s): Anticipated maintenance cost is \$5,000/year to be paid out of Public Works budget.	
AMERICANS WITH DISABILITIES ACT	
Under the 1990 Americans with Disabilities Act (ADA), Title II requires public entities with more than 50 employees to complete a self-evaluation and create an effective ADA transition plan <sup>6</sup> .	
Does your local public agency have more than 50 employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, does your agency have an adopted ADA transition plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If your agency has an ADA transition plan, when was it adopted?	
If ADA transition plan is not adopted, when is it expected to be adopted?	TBD

<sup>6</sup> FHWA Questions and Answers about ADA/Section 504: [https://www.fhwa.dot.gov/civilrights/programs/ada/ada\\_sect504qa.cfm](https://www.fhwa.dot.gov/civilrights/programs/ada/ada_sect504qa.cfm).

## PROJECT DESCRIPTION

Define the **scope** and **specific elements** of the project. Describe current conditions / problems / issues that the project will address. Be as specific as possible.

Sappington Road between Manchester Road and Lockwood Avenue is a heavily traveled corridor by both vehicular traffic and pedestrians. The density of residences, commercial developments, municipal resources, and cultural centers along Sappington Road make it one of the main thoroughfares in the City of Glendale. This density has resulted in a high number of crashes, and reinforces the need to make Sappington Road a safe travel-way for all parties. The majority of the curb ramps and pedestrian signals are not in compliance with ADA standards. The existing concrete crosswalks are in need of repair and present hazards to both drivers and pedestrians. The existing asphalt pavement is deteriorating and in need of preservative maintenance.

In order to address these issues, the scope of the improvements include milling and overlaying the roadway pavement, repairing existing curb and gutter, replacing deteriorated concrete crosswalks and upgrading curb ramps/signals/signs to ADA standards. The existing mid-block crossing at Glendale Elementary will be upgraded with a HAWK signal and signalization will be evaluated for the mid-block crossing at City Hall that is currently stop controlled. The new asphalt surface will help to provide improved skid resistance to help address the large number of crashes occurring near intersections. In accordance with the Gateway Bike Plan, shared lane markings and signage will also be installed along Sappington Road to improve driver awareness of the bicyclists that utilize the roadway.

## COMMUNITY SUPPORT

Describe the public involvement activities to date on the proposed project:

Property owners along the project have been made aware of the proposed improvements. Numerous business owners have pledged their support of the project (see attached letters).



PROJECT DEVELOPMENT SCHEDULE			
Note: many stages can occur concurrently.			
Activity Description	Start Date (MM/YYYY)	Finish Date (MM/YYYY)	Time Frame (Months)
Receive notification letter	10/2021	10/2021	1
Execute agreement (project sponsor and DOT)	05/2022	07/2022	3
<b>Engineering services contract submitted and approved*</b>	08/2022	10/2022	3
Obtain environmental clearances (106, CE2, T&E, etc.)	10/2022	08/2023	11
Public meeting/hearing	05/2023	05/2023	1
Develop and submit preliminary plans	10/2022	05/2023	8
Preliminary plans approved	06/2023	06/2023	1
Develop and submit right-of-way plans	05/2023	07/2023	3
Review and approval of right-of-way plans	08/2023	08/2023	1
<b>Submit and receive approval for notice to proceed for right-of-way acquisition (A-Date)*</b>	08/2023	10/2023	3
Right-of-way acquisition	10/2023	05/2024	8
Utility coordination	10/2022	07/2024	22
Develop and submit PS&E	08/2023	07/2024	12
<b>District approval of PS&amp;E/advertise for bids*</b>	08/2024	10/2024	3
Submit and receive bids for review and approval	10/2024	11/2024	2
Project implementation/construction	12/2024	09/2025	10
* Finish date must match fiscal year for each milestone shown in <b>bold</b> text.			

FINANCIAL PLAN					
Note: federal participation for a phase of work must not exceed 80% in Missouri for all phases of work and 80% in Illinois for construction/construction engineering phase only. In Illinois, PE and right-of-way must be paid with local funds.					
Activity <sup>7</sup>	Starting Federal Fiscal Year <sup>8</sup>	Total Phase Cost	STP-S Funds Requested	Sponsor Share	Sponsor Share Percentage
PE / Planning / Environmental Studies	FY 2023	\$ 105,600	\$ 84,480	\$ 21,120	20.00%
Right-of-Way	FY 2024	\$ 32,000	\$ 25,600	\$ 6,400	20.00%
Construction Engineering	FY 2025	\$ 87,900	\$ 70,320	\$ 17,580	20.00%
Construction / Implementation	FY 2025	\$ 880,000	\$ 704,000	\$ 176,000	20.00%
<b>TOTAL PROJECT COST</b>		<b>\$ 1,105,500</b>	<b>\$ 884,400</b>	<b>\$ 221,100</b>	<b>20.00%</b>
Identify the source(s) of local matching funds (e.g., state DOT, city, county, county road board, county motor fuel tax, private entity), and the amount for each source:		City of Glendale			

<sup>7</sup> **Illinois:** construction/construction engineering funds are available in FY 2025.

**Missouri:** preliminary engineering funds are available in FY 2023, right-of-way in FY 2023 or FY 2024, and construction/construction engineering in FY 2024 or FY 2025. **Note:** FY 2024 construction/construction engineering must be less than \$1 million federal.

<sup>8</sup> Fiscal years are federal fiscal years (October 1 through September 30).

**SAFETY**

Were there any crashes along project limits from 2014-2018? **Note:** a project can still potentially receive partial points if it does not have crashes, but includes a preventive safety countermeasure.

☒ Yes ☐ No

**Total number of crashes by severity type along project limits:**

Fatal (K on the KABCO scale):	0
Serious injury (A on the KABCO scale):	2
Minor injury (B and C on the KABCO scale):	8
Property damage only (O on the KABCO scale):	48
Total number of crashes from 2014-2018 along project limits:	58

Does the project include safety countermeasure(s)?

☒ Yes ☐ No

If yes, identify the safety countermeasure(s) proposed, its Crash Modification Factor (CMF), and the CMF ID below (e.g., installation of safety edge treatment – CMF: 0.92 – CMF ID: 4303):

Countermeasure	CMF	CMF ID
IMPROVE PAVEMENT FRICTION (THIN HMA-HOT MIX ASPHALT)	.93	7489
INSTALL HIGH-VISIBILITY CROSSWALK	.60	4123
HAWK at mid-block crossing	0.432	9021

**Note:** a list of safety countermeasures and their CMFs is provided in Appendix B of the STP-S Scoring Criteria Guide. In addition, the FHWA Crash Modification Factors Clearinghouse provides a searchable database of safety countermeasures: <http://www.cmfclearinghouse.org/>.

Describe how the proposed safety countermeasure(s) will address the crashes occurring along the project limits:

Many of the crashes along the project limits occurred at intersections. Therefore, increased pavement friction will help improve driver awareness and maneuverability.

There were multiple crashes involving pedestrians within the project limits between 2014 and 2018. Installing a HAWK signal at the existing school mid-block crossing will greatly improve driver awareness and pedestrian safety.

Are there any undocumented safety issues?

☐ Yes ☒ No

If yes, describe the undocumented safety issue(s) and explain how the preventive safety countermeasure(s) will address the issue:

**MULTIMODAL**

Does the proposed project incorporate any of the following bicycle-related improvements?

- ☐ Separated bike lane/cycle track/protected bike lane
- ☐ Shared-use path/trail/arterial sidepath
- ☐ Buffered bike lane
- ☐ Standard bike lane (not buffered)
- ☒ Marked shared roadway (shared-lane markings, “sharrow”)
- ☐ Paved shoulder
- ☐ Wayfinding or end of trip facilities
- ☐ Other
- ☐ None

Describe the bicycle-related improvements (including ‘other’) in detail:

Because Sappington Road is included in the Gateway Bike Plan as a Shared Lane Facility, shared lane markings and signage will be incorporated into this project. This will make motorists aware of the possible presence of bicyclists, improving safety.

Does the proposed project incorporate any of the following pedestrian-related improvements?

- ☐ New sidewalks (where none currently exist)
- ☐ Sidewalk spot slab improvements
- ☐ Sidewalk reconstruction
- ☐ Construction of new curb ramps (where none currently exist)
- ☒ Curb ramp reconstruction
- ☐ Sidewalk/roadway separation
- ☐ Wayfinding, furniture, or other end of trip facilities
- ☐ Pedestrian-scale lighting (e.g., glare shielded, lower height (12’ to 16’), in-pavement)
- ☒ Other
- ☐ None

Describe the pedestrian-related improvements (including ‘other’) in detail:

The existing curb ramps will be upgraded to be ADA Complaint. Damaged sections of sidewalk and sections adjacent to drainage improvements and curb ramps will be replaced. Evaluation of ADA compliance to all sidewalk are not included in the project scope.

Approximately what percentage of the project limits includes new or reconstructed sidewalk or shared-use path?

5%

Does the proposed project incorporate any of the following intersection or crossing treatments?

- ☒ Pedestrian signals/push buttons
- ☐ Countdown timers
- ☐ Leading pedestrian interval (LPI)
- ☐ Bicycle signals or bicycle detection
- ☐ Rectangular Rapid-Flashing Beacon (RRFB)
- ☒ Pedestrian Hybrid Beacon (PHB or HAWK)
- ☒ Marked crosswalks (standard parallel crosswalk markings or brick crosswalk)
- ☒ High-visibility crosswalks (e.g., ladder, zebra, or continental crosswalk markings)
- ☐ Raised crosswalks
- ☒ Midblock crossings
- ☐ Pedestrian refuge islands
- ☐ Curb radius reduction
- ☐ Curb extension or bulb-outs
- ☐ Bicycle boxes
- ☐ Colored pavement crossings for bicycles lanes marked through intersection
- ☐ Other
- ☐ None

Describe the intersection or crossing treatments (including 'other') in detail and identify crosswalk locations:

The existing pedestrian signal at the mid-block crossing at North Glendale Elementary School will be upgraded to a HAWK signal. The existing marked decorative crosswalks will be replaced and high-visibility continental crosswalk markings will be installed.

If the project incorporates any safety, traffic calming, or design improvements, describe the improvements (e.g., improvements at a rail-grade crossing, intersection improvements, road diets, bulb-outs, raised median barriers, center islands, roadway markings, improved signage and signals):

Does the project improve access to transit stops, stations, park-and-ride lots, or other major transit facilities?

☒ Yes ☐ No

If yes, identify the bus route and/or transit facility:

The project directly connects to Metro routes 56 along Lockwood Ave and 57 along Manchester Road. The sidewalk and curb ramp improvements along Sappington will improve pedestrians' access to these routes.

Does the project incorporate improvements to existing transit stops or stations (e.g., 5' x 8' ADA landing pads, benches, shelters)?

☐ Yes ☒ No

If yes, identify the improvements:

Does the project provide direct access (i.e., adjacent) to a school (grades K-12 and college/university)?

☒ Yes ☐ No

Is the project within ½ mile of a school?

☒ Yes ☐ No

If yes, identify the school(s):

School Name	Proximity to Project
North Glendale Elementary School	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Within ½ mile
Rohan Woods School	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Within ½ mile
	<input type="checkbox"/> Direct <input type="checkbox"/> Within ½ mile
	<input type="checkbox"/> Direct <input type="checkbox"/> Within ½ mile

Does the project provide direct access (i.e., adjacent) to an activity center, employment center, or community resource (e.g., a business district, retail center, medical facility, community center, park)?

☒ Yes ☐ No

If yes, identify all activity centers, employment centers, and/or community resources (planned or existing) that the project directly serves:

Hanneke's Westwood Grocery Store, Glendale City Hall, Glendale Fire Department, Moonbeams Gift Shop, Vitale's Deli, Glendale Presbyterian Church, North Glendale Elementary School, and Glendale Lutheran Church are all on Sappington Road within the project limits.

#### SYSTEM RELIABILITY

Does the project include management and operations strategies that optimize the performance of the road (e.g., ITS technologies, traffic operational improvements)?

☐ Yes ☒ No

If yes, explain the strategy and how it improves the reliability of the transportation system:

### INTERMODAL CONNECTIONS

Is the project located within an industrial site area (per St. Louis Regional Freight Study)?

☐ Yes ☒ No

If yes, what is the name of the industrial site area (e.g., Broadway-Arsenal, Earth City, GM Plant)?

Is the project adjacent to or does it directly impact an intermodal freight facility, major freight generator, logistic center, manufacturing and warehouse industrial facility, or port facility?

☐ Yes ☒ No

If yes, identify the facility or major freight generator:

Identify any commercial vehicle countermeasures proposed, and explain how the project provides improvement to the movement of freight to and from the industrial site area, facility, or major freight generator:

### ENVIRONMENT

Does the project incorporate any of the following green infrastructure improvements?

- ☐ Bioswales
- ☐ Rain gardens
- ☐ Pervious pavements
- ☐ Green bulb-outs
- ☐ Solar powered lighting fixtures
- ☐ Other
- ☒ None

Describe the green infrastructure improvements (including 'other') in detail:

## NOTIFICATION OF TITLE VI & NONDISCRIMINATION REQUIREMENTS

### Title VI

A recipient of any federal funds from the U.S. Department of Transportation (“DOT”) must comply with federal statutes, regulations, executive orders, and other pertinent directives that govern nondiscrimination in federally assisted programs. Below is a list of the statutes and regulations that may apply to a recipient’s program; however, other federal requirements regarding nondiscrimination may be imposed by DOT.

- A. Title VI of the Civil Rights Act of 1964, 78 Stat. 252, 42 U.S.C. §§ 2000d *et seq.*
- B. All requirements imposed by or pursuant to the Code of Federal Regulations, Title 49: Transportation, Subtitle A: Office of the Secretary of Transportation, Part 21: *Nondiscrimination in Federally-Assisted Programs of the Department of Transportation—Effectuation of Title VI of the Civil Rights Act of 1964.*

As part of federal requirements, a recipient of funds from DOT must ensure that it has written policies and procedures in place to ensure nondiscrimination in its programs, up to and including, developing a Title VI Plan.

### Nondiscrimination

A recipient of any federal funds from the U.S. Department of Transportation (“DOT”) must comply with federal statutes, regulations, executive orders, and other pertinent directives that govern nondiscrimination in federally assisted programs. Below is a list of the statutes and regulations that may apply to a recipient’s program; however, other federal requirements regarding nondiscrimination may be imposed by DOT.

- A. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000d, and implementing regulations at 49 CFR Part 21 – *Nondiscrimination in Federally Assisted Programs of the Department of Transportation—Effectuation of Title VI of the Civil Rights Act.*
- B. The equal employment opportunity provisions of 49 U.S.C. § 5332 and Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000e *et seq.*, and implementing regulations, including;
  - 1. 41 CFR Part 60 – *Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor.*
- C. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 *et seq.*, and implementing regulations at 49 CFR Part 25 – *Nondiscrimination on the Basis of Sex in Education Programs or Activities Receiving Federal Financial Assistance.*
- D. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794, and the Americans with Disabilities Act of 1990, as amended, 42 U.S.C. §§ 12101 *et seq.*, and implementing regulations, including:
  - 1. 49 CFR Part 27—*Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance.*
  - 2. 49 CFR Part 37—*Transportation Services for Individuals with Disabilities (ADA).*
  - 3. 36 CFR Part 1192 and 49 CFR Part 38—*Americans with Disabilities (ADA) Accessibility Specifications for Transportation Vehicles.*
  - 4. 28 CFR Part 35—*Nondiscrimination on the Basis of Disability in State and Local Government Services.*
  - 5. 28 CFR Part 36—*Nondiscrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities.*
  - 6. 41 CFR Subpart 101 – 119—*Accommodations for the Physically Handicapped.*
  - 7. 29 CFR Part 1630—*Regulations to Implement the Equal Employment Provisions of the Americans with Disabilities Act.*
  - 8. 47 CFR Part 64, Subpart F—*Telecommunications Relay Services and Related Customer Premises Equipment for the Hearing and Speech Disabled.*
  - 9. 36 CFR Part 1194—*Electronic and Information Technology Accessibility Standards.*

10. 49 CFR Part 609—*Transportation for Elderly and Handicapped Persons*.
11. Federal civil rights and nondiscrimination directives implementing those federal laws and regulations, unless the federal government determines otherwise in writing.
- E. The Age Discrimination Act of 1975, as amended, 42 U.S.C. §§ 6101 *et seq.*
- F. The Age Discrimination in Employment Act, 29 U.S.C. §§ 621 through 634, and implement regulations of the U.S. Equal Employment Opportunity Commission at 29 CFR Part 1625—*Age Discrimination in Employment Act*.
- G. The Drug Abuse Office and Treatment Act of 1972, as amended, 21 U.S.C. §§ 1101 *et seq.*, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, as amended, 42 U.S.C. §§ 4541 *et seq.*, and the Public Health Service Act of 1912, as amended, 42 U.S.C. §§ 290dd through 290dd-2.
- H. Executive Order 12898—Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, 42 U.S.C. § 4321 note, and DOT Order 5620.3 at Federal Register Vol. 62 No. 18377—*Department of Transportation Actions to Address Environmental Justice in Minority Populations and Low-Income Populations*.
- I. Executive Order 13166 – Improving Access to Services for Persons with Limited English Proficiency, 42 U.S.C. § 2000d – 1 note, and implementing policy guidance at Federal Register Vol. 70 No. 74087—*DOT Policy Guidance Concerning Recipients' Responsibilities to Limited English Proficiency (LEP) Person*.

By submitting its application as part of the TIP process and signing below, the Project Sponsor certifies that it has reviewed the federal requirements regarding nondiscrimination in federally assisted programs and believes that the Project Sponsor complies with the required policies and procedures.

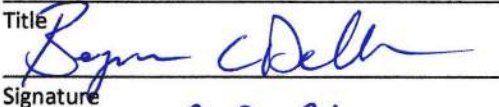
Also, the Project Sponsor acknowledges its understanding that if the Project Sponsor does not have the required policies and procedures in place prior to federal funds being obligated, then the Project Sponsor's project may become ineligible for federal funding.

Benjamin DeClue

Name (print)

City Administrator

Title



Signature

2-3-21

Date



## FINANCIAL CERTIFICATION OF MATCHING FUNDS

This is to ensure sufficient funds are available to pay the non-federal share of project expenditures for the following project to be funded under the provisions of the Fixing America's Surface Transportation (FAST) Act.

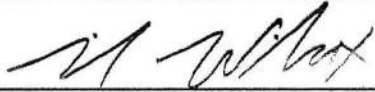
Project Title: Sappington Road Improvements

Local Match Amount: \$221,100

Sponsoring Agency: City of Glendale

### Chief Elected Official (or Chief Executive Officer):

Name (print): Mike Willcox, Mayor

Signature: 

Date: 2-3-21

### Chief Financial Officer:

Name (print): Dan Lawrence, Finance Officer

Signature: 

Date: 2/3/2021

## PERSON OF RESPONSIBLE CHARGE CERTIFICATION


The key regulatory provision, 23 CFR 635.105 – Supervising Agency, provides that the State Transportation Agency (STA) is responsible for construction of federal-aid projects, whether it or a local public agency (LPA) performs the work. The regulation provides that the STA and LPA must provide its full-time employee to be in “responsible charge” of the project.

The undersigned employee(s) of the Project Sponsor will act as person of responsible charge. If at any point the employee leaves the LPA, the LPA is responsible for finding a suitable replacement and notifying EWG. If the person of responsible charge is found to not be a full-time employee of the LPA, it will result in the loss of federal funds for this project. One employee can act as person of responsible charge for all three phases. All three phases must be signed.

### Person of Responsible Charge – Design Phase

Name (print): Terry Jones

Title: Superintendent of Public Works Email: tjones@glendalemo.org


Signature: 

Date: 2-3-21

### Person of Responsible Charge – Right-of-Way Acquisition Phase

Name (print): Terry Jones

Title: Superintendent of Public Works Email: tjones@glendalemo.org


Signature: 

Date: 2-3-21

### Person of Responsible Charge – Construction/Implementation Phase

Name (print): Terry Jones

Title: Superintendent of Public Works Email: tjones@glendalemo.org

Signature: 

Date: 2-3-21

## RIGHT-OF-WAY ACQUISITION CERTIFICATION STATEMENT

The State Department of Transportation and the Federal Highway Administration (FHWA) have the right and responsibility to review and monitor the acquisition procedures of any federally funded transportation project for adherence to The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. Those projects found in non-compliance may jeopardize all or part of their federal funding.

A. The Project Sponsor hereby certifies that any right-of-way, and/or permanent or temporary easements necessary for this project, obtained prior to this application, were acquired in accordance with The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.

B. The Project Sponsor also certifies that any additional right-of-way, and/or permanent or temporary easements, subsequently required to complete the project, will be acquired according to The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.

Benjamin DeClue

Name (print)

City Administrator

Title

Signature

Date

## POLICY ON REASONABLE PROGRESS CERTIFICATION – MISSOURI SPONSORS ONLY

Following on the next page is a copy of the policy on reasonable progress adopted by the East-West Gateway Council of Governments Board of Directors.

The undersigned representative of the Project Sponsor hereby certifies that s/he has read this policy and understands its requirements. The representative acknowledges that failure to meet all of the reasonable progress requirements could result in federal funds being revoked and returned to the regional funding pool, as dictated by the policy.

Benjamin DeClue

Name (print)

City Administrator

Title

Signature

Date



## **POLICY ON REASONABLE PROGRESS – MISSOURI SPONSORS ONLY**

### Reasonable Progress

For projects or programs included in the Transportation Improvement Program (TIP), “reasonable progress” will have been made if the project has advanced to the point of obligating all federal funds programmed for that project in the current fiscal year, regardless of the phase of work (*i.e., preliminary engineering, right-of-way acquisition, or plans, specifications, and estimates*). If a project fails to obligate the programmed federal funds by September 30 of the current year, the funding will be forfeited and returned to the regional funding pot. Actual progress toward implementation is measured against the schedule submitted by the Project Sponsor in the project application.

### Policy Procedures and Enforcement

Projects that do not obligate all federal funds by the Board-approved suspense date will be removed from the TIP and the federal funds associated with those projects will be returned to the regional funding pool for redistribution. The removal of projects from the TIP will require no further Board action and the sponsor will have to repay any federal funds already spent if the funding is forfeited.

If a project is realizing delays that will put the federal funding at risk of forfeiture (*i.e., not meet a September 30 deadline*), the Project Sponsor will have the opportunity to ask for consideration of a “one-time extension” in their project schedule. The one-time extension can only be requested for the implementation/construction phase of the project. The extension request will only be considered once a year, and has to be made before June 1 of the current fiscal year of the TIP.

To be considered for this extension the Project Sponsor has to demonstrate on all counts: a) the delay is beyond their control and the sponsor has done due diligence in progressing the project; b) federal funds have already been obligated on the project or in cases that no federal funds are used for PE and/or ROW acquisition, there has been significant progress toward final plan preparation; and c) there is a realistic strategy in place to obligate all funds.

One-time extensions of up to three (3) months may be granted by EWG staff and one-time extensions greater than three (3) months, but not more than nine (9) months, will go to the Board of Directors for their consideration and approval. Projects requesting schedule advancements will be handled on a case-by-case basis, subject to available funding, and are subject to the Board-adopted rules for TIP modifications.

### Project Monitoring

An extensive monitoring program has been developed to help track programmed projects and ensure that funding commitments and plans are met. Monthly tracking reports are developed and posted on the EWG website, utilizing project information provided by the Project Sponsor, IDOT, and MoDOT district offices. Additionally, project sponsors are contacted at least every three (3) months by EWG staff for project status updates.

# APPENDIX

## Sappington Road Improvements STP Application

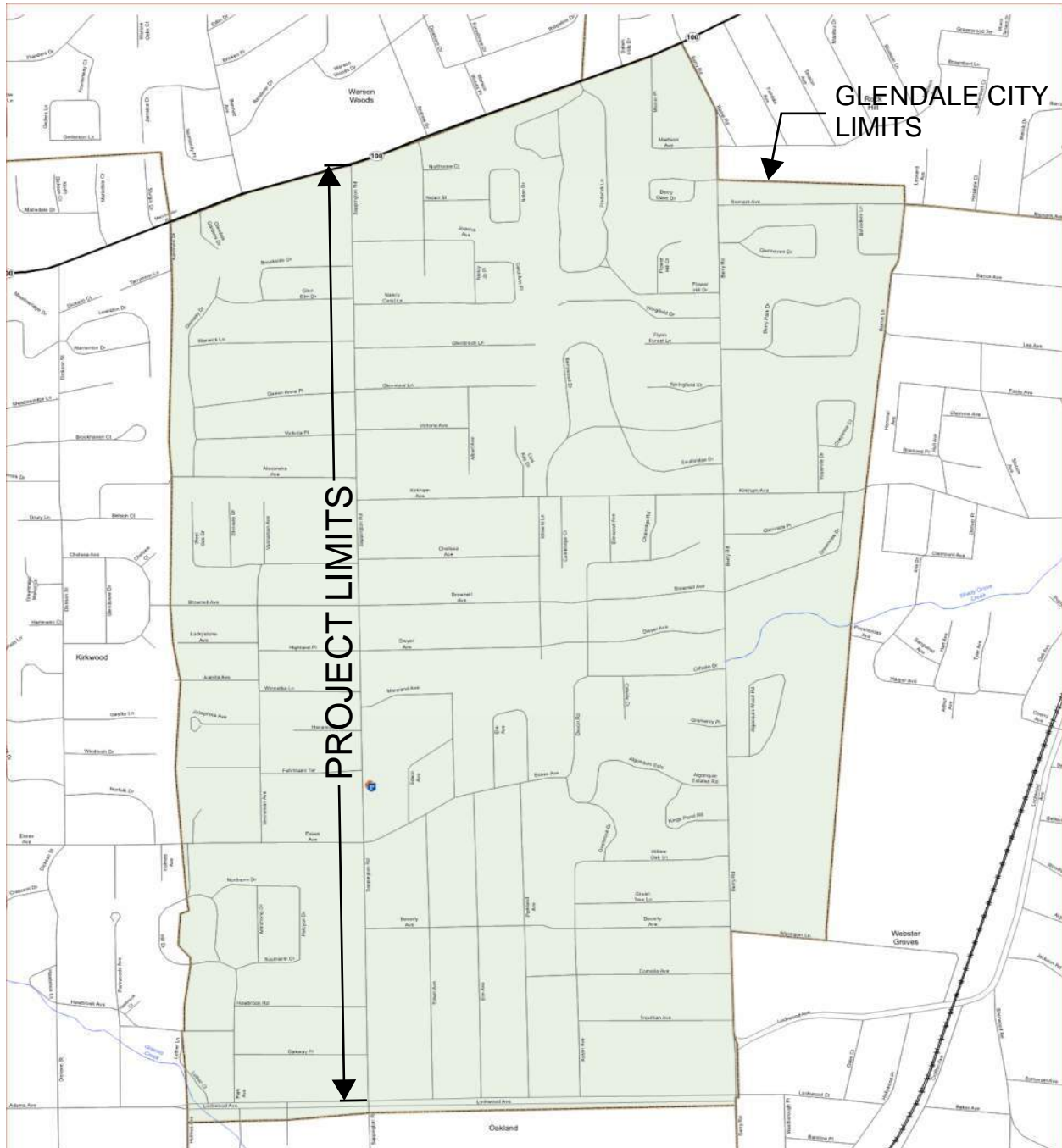
### Glendale, Missouri

<i>Appendix A</i>	Project Location Map
<i>Appendix B</i>	Detailed Cost Estimate
<i>Appendix C</i>	Photographs Detailed Map Transit Maps Typical Sections Roadway Condition Evaluation Form PASER Location Map and Photos
<i>Appendix D</i>	Crash Reports Crash Modification Factors
<i>Appendix E</i>	City Comprehensive Streets Plan City Ordinance of Support Letters of Support
<i>Appendix F</i>	Operations and Maintenance Form

# **APPENDIX A**

## **Sappington Road Improvements STP Application**

### **▪ PROJECT LOCATION MAP**



SAPPINGTON ROAD IMPROVEMENT PROJECT  
PROJECT LOCATION MAP



## **APPENDIX B**

### **Sappington Road Improvements STP Application**

#### **▪ DETAILED COST ESTIMATE**

### Estimate of Project Costs

Project Sponsor: City of Glendale  
 Project Title: Sappington Road Improvements  
 Date: 2/1/2021

#### Specific Roadway Items

Item	Quantity	Unit	Unit Price	Amount
REMOVAL OF IMPROVEMENTS	1	LS	\$15,000.00	\$15,000.00
CLASS A EXCAVATION	178	CY	\$30.00	\$5,340.00
TYPE 5 AGGREGATE BASE (4" THICK)	410	SY	\$7.00	\$2,870.00
REMOVE AND REPLACE DECORATIVE CROSSWALK	300	SY	\$200.00	\$60,000.00
REMOVE AND REPLACE CURB & GUTTER	288	LF	\$50.00	\$14,400.00
ASPHALT SURFACE COURSE	2216	TON	\$100.00	\$221,600.00
COLDMILLING BITUMINOUS PAVEMENT	19300	SY	\$3.50	\$67,550.00
4" YELLOW PAVEMENT STRIPING	14400	LF	\$0.50	\$7,200.00
24" WHITE PAVEMENT MARKING PAINT	434	LF	\$4.00	\$1,736.00
CURB INLET	2	EA	\$2,500.00	\$5,000.00
REINFORCED CONCRETE MANHOLE	1	EA	\$3,000.00	\$3,000.00
CONNECTION TO EXISTING STORMSEWER	1	EA	\$500.00	\$500.00
12" STORMSEWER PIPE	120	LF	\$65.00	\$7,800.00
SODDING	984	SY	\$7.50	\$7,380.00
TOPSOIL	164	CY	\$25.00	\$4,100.00
INLET PROTECTION DEVICE	2	EA	\$150.00	\$300.00
SILT FENCE	288	LF	\$1.50	\$432.00
SUBTOTAL				\$424,208.00

#### Specific Bicycle Items

Item	Quantity	Unit	Unit Price	Amount
SHARED LANE MARKINGS	58	EA	\$150.00	\$8,700.00
SIGNS	29	EA	\$200.00	\$5,800.00
SUBTOTAL				\$14,500.00

Specific Pedestrian Items				
Item	Quantity	Unit	Unit Price	Amount
CONCRETE SIDEWALK	411	SY	\$35.00	\$14,385.00
ADA RAMPS	493	SY	\$150.00	\$73,950.00
TRUNCATED DOMES	888	SF	\$25.00	\$22,200.00
TYPE 5 AGGREGATE BASE (4" THICK)	904	SY	\$7.00	\$6,328.00
PEDESTRIAN CROSSING SIGNAL UPGRADE	2	EA	\$45,000.00	\$90,000.00
12" WHITE PAVEMENT MARKINGS	1,550	SF	\$2.00	\$3,100.00
24" WHITE PAVEMENT MARKINGS	1,350	SF	\$4.00	\$5,400.00
SUBTOTAL				\$215,363.00

Specific Transit Items				
Item	Quantity	Unit	Unit Price	Amount
				\$0.00
SUBTOTAL				\$0.00

Miscellaneous Other Items				
Item	Quantity	Unit	Unit Price	Amount
UTILITY RELOCATIONS	1	LS	\$10,000.00	\$10,000.00
MOBILIZATION	1	LS	\$50,000.00	\$50,000.00
TRAFFIC CONTROL	1	LS	\$15,000.00	\$15,000.00
CONSTRUCTION SURVEYING/STAKING	1	LS	\$10,000.00	\$10,000.00
SUBTOTAL				\$85,000.00

Construction Cost Total	\$739,071.00
Contingency (10%)	\$73,900.00
Inflation (3 years @ 3%)	\$66,500.00
Subtotal	\$879,471.00
Subtotal (Rounded)	\$880,000.00
Preliminary Engineering (12%)	\$105,600.00
Right-of-Way	\$32,000.00
Construction Engineering/Inspection (10%)	\$87,900.00
Project Total *	\$1,105,500.00

## **APPENDIX C**

### **Sappington Road Improvements STP Application**

- PHOTOGRAPHS**
- DETAILED MAP**
- TRANSIT MAPS**
- TYPICAL SECTIONS**
- ROADWAY CONDITION EVALUATION FORM**
  - PASER LOCATION MAP AND PHOTOS**

## **Project Photos**



**Sappington Road just South of Manchester Rd – Looking North**



**Sappington Road North of Brookside Dr – Looking North**



## Project Photos



**Sappington Road North of Glenmoore Ln – Looking North**



**Sappington Road just South of Kirkham Ave – Looking North**

## Project Photos



**Sappington Road just South of Venneman Ave – Looking East**



## Project Photos



**Sappington Road North of Fuhrmann Ave– Looking East**



## **Project Photos**



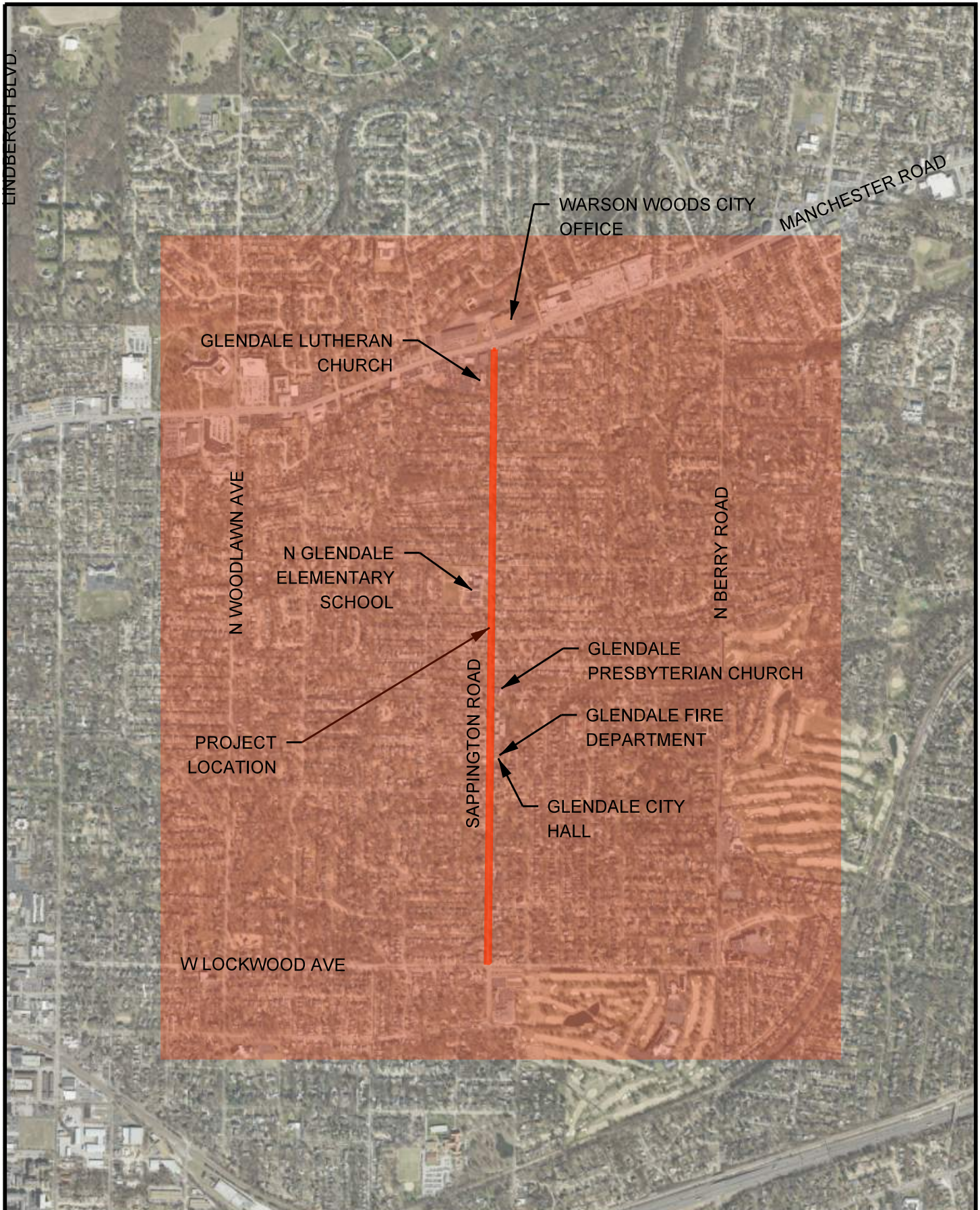
**Sappington Road North of E Essex Ave– Looking West**

## Project Photos



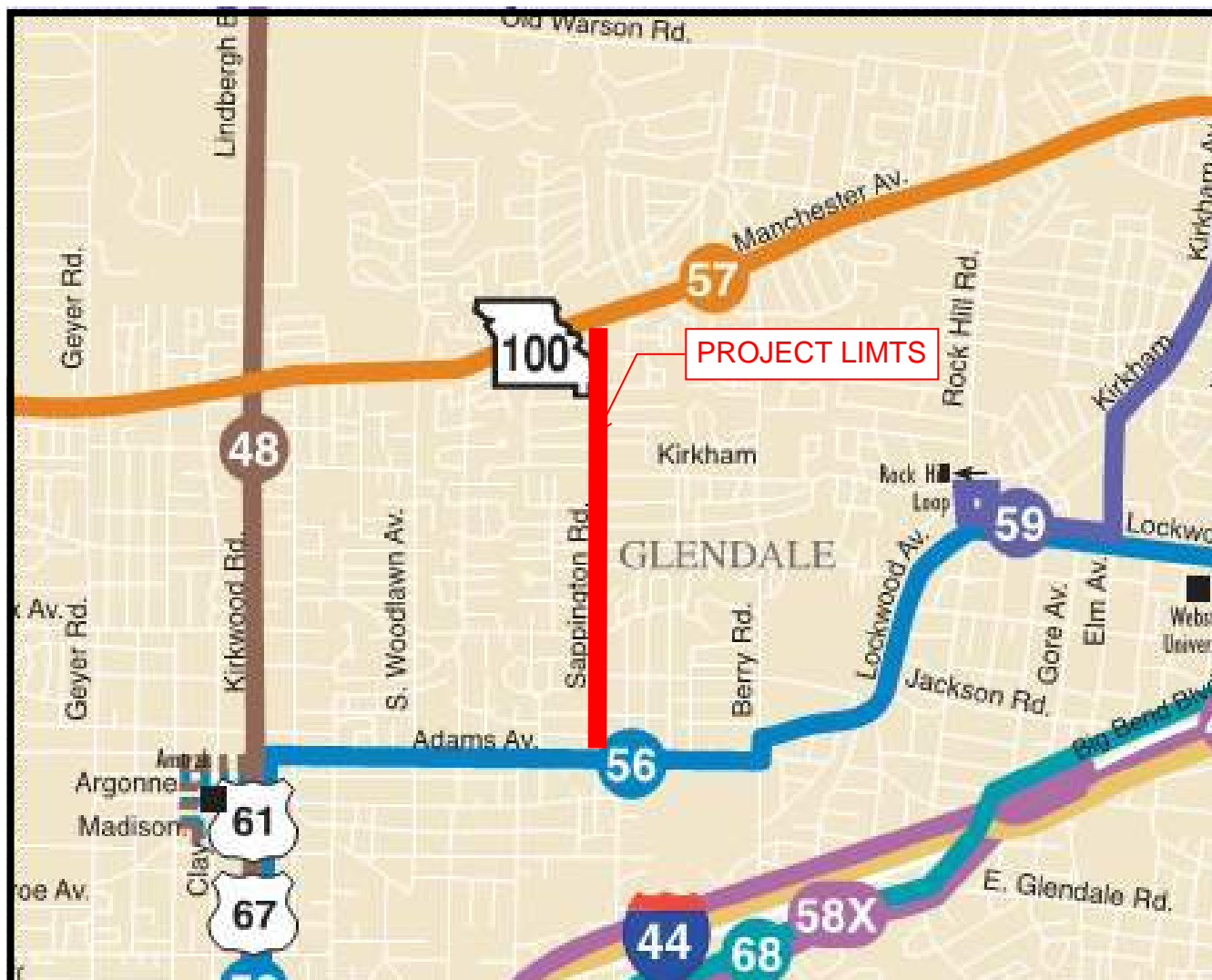
**Sappington Road North of Hawbrook Ave— Looking North**





DETAILED MAP

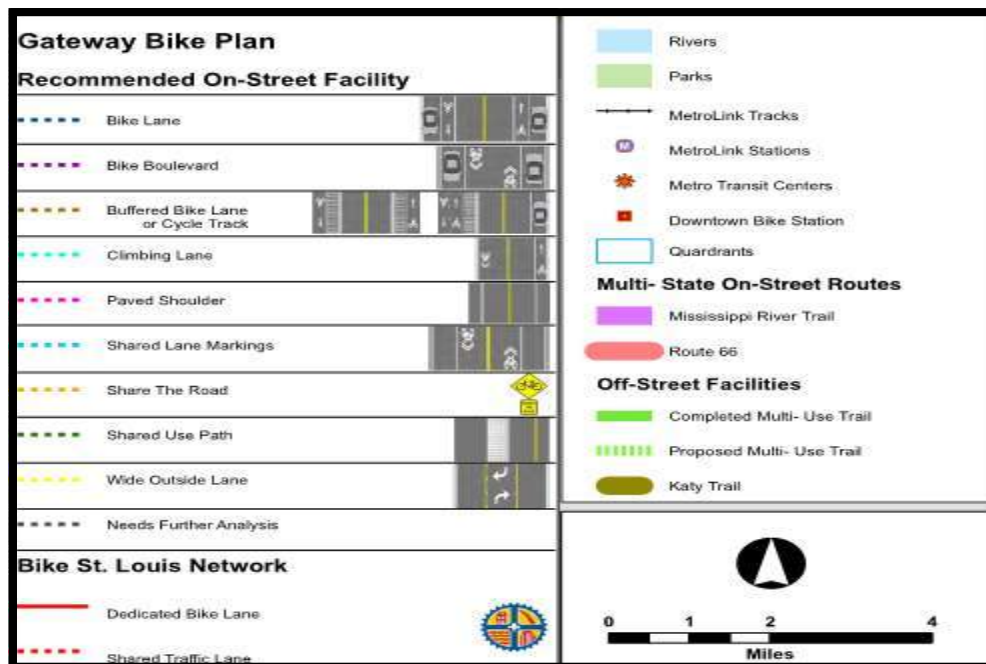
# Metro Bus Map

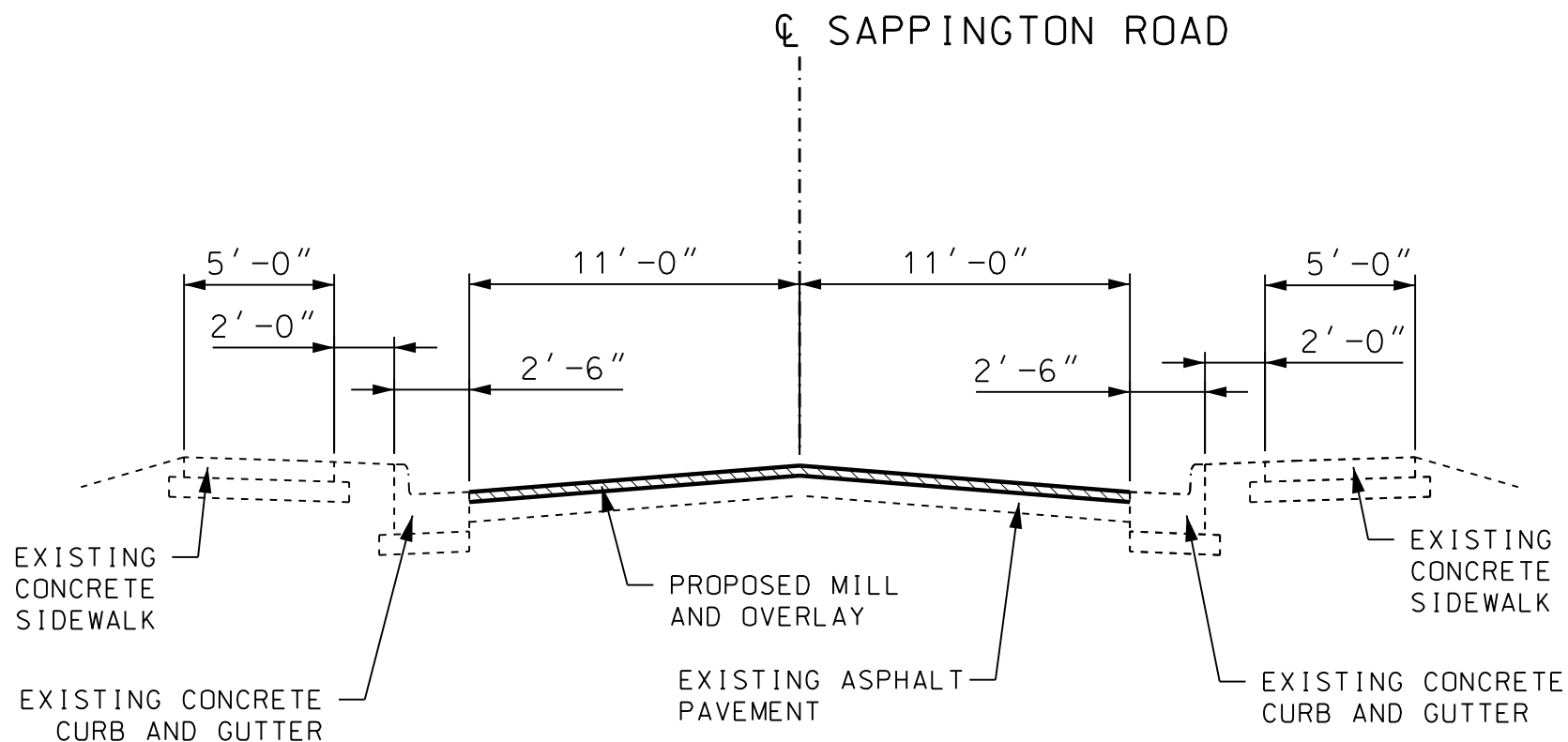




# Metro Bike Plan

## Implementation Action Plan





**SAPPINGTON ROAD -TYPICAL SECTION**

## Road Condition Evaluation Form

East-West Gateway Council of Governments (EWG) uses the Pavement Surface Evaluation and Rating (PASER) Manual to evaluate pavement condition. This visual rating system developed by the University of Wisconsin Transportation Information Center uses ratings ranging from 1 (failed) to 10 (excellent). If sponsors are unfamiliar with PASER, they are encouraged to review the PASER manuals online:

Asphalt Manual: <https://epd.wisc.edu/tic/publication/asphalt-paser-manual/>

Concrete Manual: <https://epd.wisc.edu/tic/publication/concrete-paser-manual/>

### INSTRUCTIONS:

The first evaluation should be performed at the beginning of the project limits, with subsequent evaluations occurring at a uniform distance each 1/8 mile (660 feet) along the roadway until reaching the other end of the limits. If the project is less than 3/8 mile (1,980 feet), conduct three evaluations at a uniform distance (e.g., a 1/4 mile project would include three evaluations, spaced 440' apart). If the project is greater than one mile in length, conduct at least eight evaluations at a uniform distance (e.g., a 1 1/2 mile project would include eight evaluations, spaced 990' apart).

Record the PASER rating for each location in the table below. If multiple roadways are within the project limits, simply list the new roadway name in the column on the left. You may attach another sheet with additional locations if needed. Attach an evaluation sheet for each location (see next pages), a picture of each location, and a map showing all evaluation locations. Select the evaluation sheet that matches the surface type (asphalt or concrete).

Roadway Name	Location #	Distance from start point	PASER Rating
	1	START	
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
	11		
	12		
	13		
	14		
	15		
	16		
AVERAGE PASER:			

## Asphalt Evaluation Sheet

(Provide this page for each location.)

Roadway Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluation Location #: \_\_\_\_\_ Distance from Start Point: \_\_\_\_\_ Location PASER Rating  
(whole number 1-10): \_\_\_\_\_

Check all that apply:

Raveling	Rutting	Transverse Cracks	Longitudinal Cracks
Flushing	Distortion	Reflection Cracks	Block Cracks
Polishing	Patches	Slippage Cracks	Alligator Cracks
Potholes			

Comments:

Drainage:

Comments:



## Asphalt Evaluation Sheet

(Provide this page for each location.)

Roadway Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluation Location #: \_\_\_\_\_ Distance from Start Point: \_\_\_\_\_ Location PASER Rating  
(whole number 1-10): \_\_\_\_\_

Check all that apply:

Raveling	Rutting	Transverse Cracks	Longitudinal Cracks
Flushing	Distortion	Reflection Cracks	Block Cracks
Polishing	Patches	Slippage Cracks	Alligator Cracks
Potholes			

Comments:

Drainage:

Comments:

## Asphalt Evaluation Sheet

(Provide this page for each location.)

Roadway Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluation Location #: \_\_\_\_\_ Distance from Start Point: \_\_\_\_\_ Location PASER Rating  
(whole number 1-10): \_\_\_\_\_

Check all that apply:

Raveling	Rutting	Transverse Cracks	Longitudinal Cracks
Flushing	Distortion	Reflection Cracks	Block Cracks
Polishing	Patches	Slippage Cracks	Alligator Cracks
Potholes			

Comments:

Drainage:

Comments:

## Asphalt Evaluation Sheet

(Provide this page for each location.)

Roadway Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluation Location #: \_\_\_\_\_ Distance from Start Point: \_\_\_\_\_ Location PASER Rating  
(whole number 1-10): \_\_\_\_\_

Check all that apply:

Raveling	Rutting	Transverse Cracks	Longitudinal Cracks
Flushing	Distortion	Reflection Cracks	Block Cracks
Polishing	Patches	Slippage Cracks	Alligator Cracks
Potholes			

Comments:

Drainage:

Comments:

## Asphalt Evaluation Sheet

(Provide this page for each location.)

Roadway Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluation Location #: \_\_\_\_\_ Distance from Start Point: \_\_\_\_\_ Location PASER Rating  
(whole number 1-10): \_\_\_\_\_

Check all that apply:

Raveling	Rutting	Transverse Cracks	Longitudinal Cracks
Flushing	Distortion	Reflection Cracks	Block Cracks
Polishing	Patches	Slippage Cracks	Alligator Cracks
Potholes			

Comments:

Drainage:

Comments:

## Asphalt Evaluation Sheet

(Provide this page for each location.)

Roadway Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluation Location #: \_\_\_\_\_ Distance from Start Point: \_\_\_\_\_ Location PASER Rating  
(whole number 1-10): \_\_\_\_\_

Check all that apply:

Raveling	Rutting	Transverse Cracks	Longitudinal Cracks
Flushing	Distortion	Reflection Cracks	Block Cracks
Polishing	Patches	Slippage Cracks	Alligator Cracks
Potholes			

Comments:

Drainage:

Comments:

## Asphalt Evaluation Sheet

(Provide this page for each location.)

Roadway Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluation Location #: \_\_\_\_\_ Distance from Start Point: \_\_\_\_\_ Location PASER Rating  
(whole number 1-10): \_\_\_\_\_

Check all that apply:

Raveling	Rutting	Transverse Cracks	Longitudinal Cracks
Flushing	Distortion	Reflection Cracks	Block Cracks
Polishing	Patches	Slippage Cracks	Alligator Cracks
Potholes			

Comments:

Drainage:

Comments:

## Asphalt Evaluation Sheet

(Provide this page for each location.)

Roadway Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluation Location #: \_\_\_\_\_ Distance from Start Point: \_\_\_\_\_ Location PASER Rating  
(whole number 1-10): \_\_\_\_\_

Check all that apply:

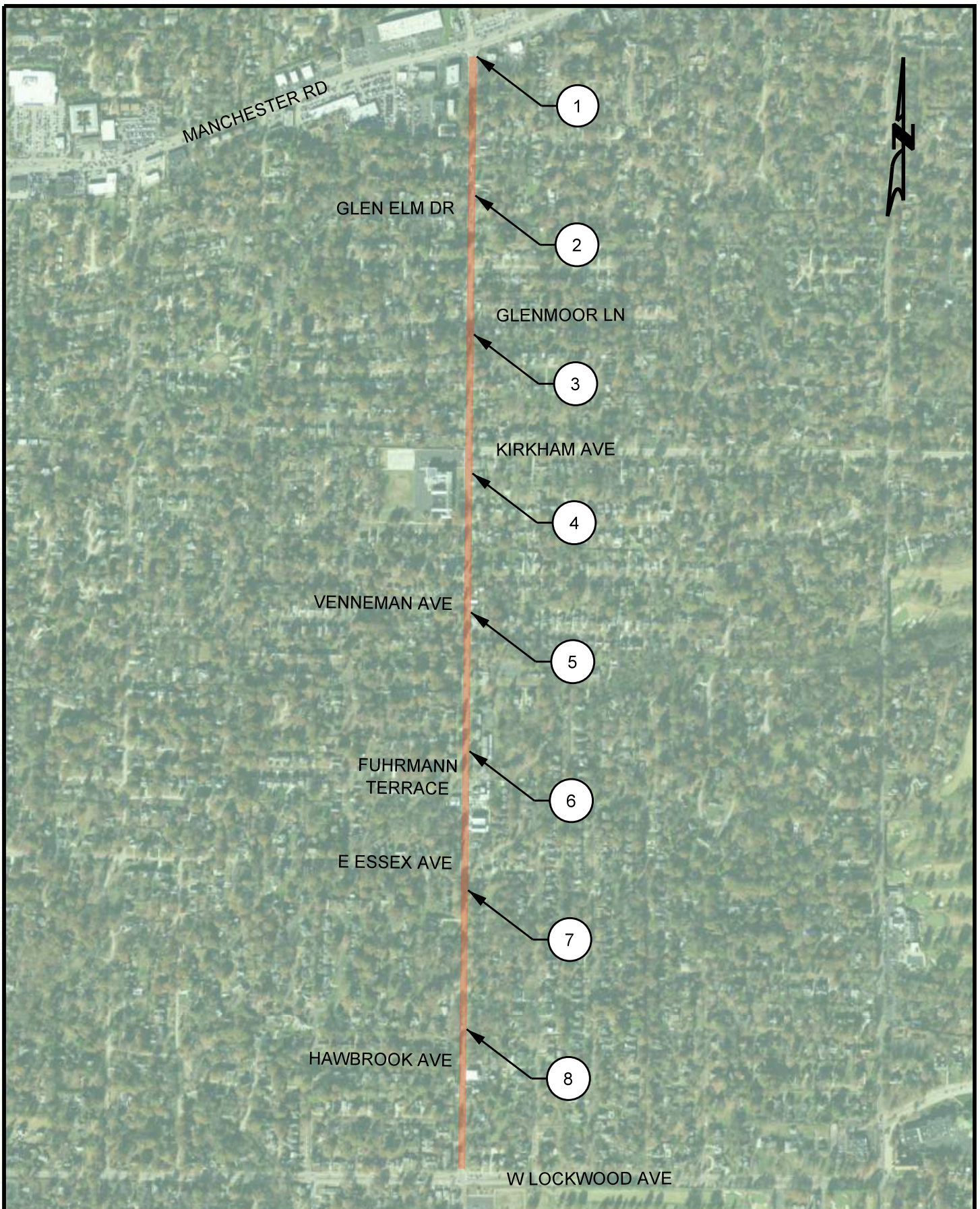
Raveling	Rutting	Transverse Cracks	Longitudinal Cracks
Flushing	Distortion	Reflection Cracks	Block Cracks
Polishing	Patches	Slippage Cracks	Alligator Cracks
Potholes			

Comments:

Drainage:

Comments:





PASER EVALUATION MAP





Location #1 - PASER Score = 3



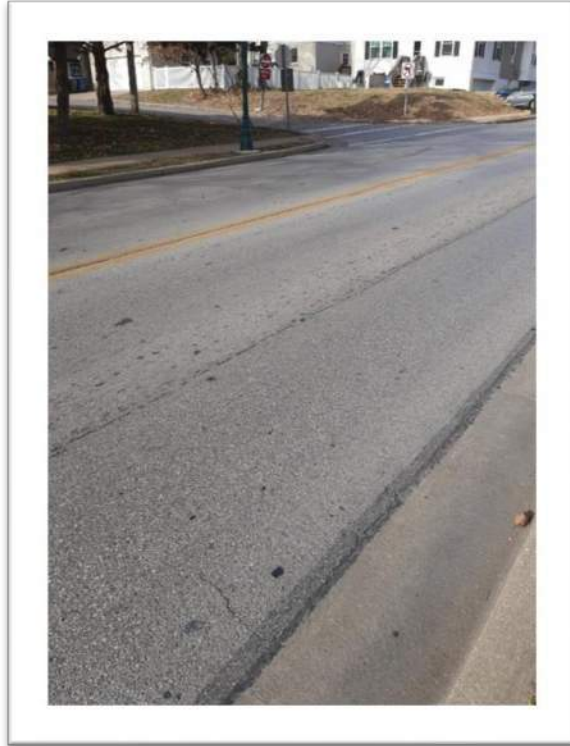
Location #2 - PASER Score = 6.5



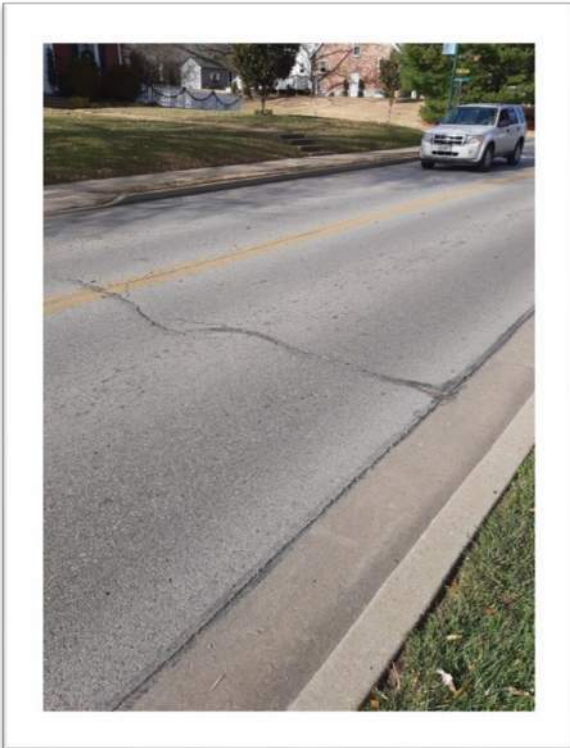
Location #3 - PASER Score = 5



Location #4 - PASER Score = 6

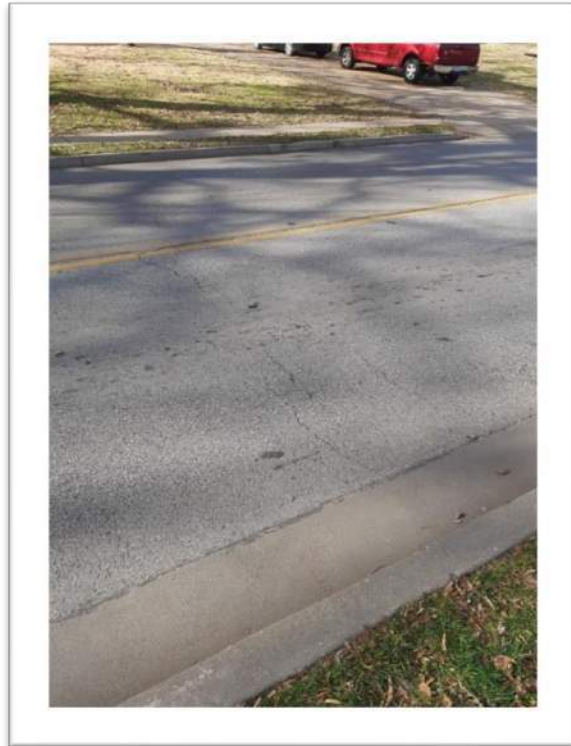


**Location #5 - PASER Score = 6.5**

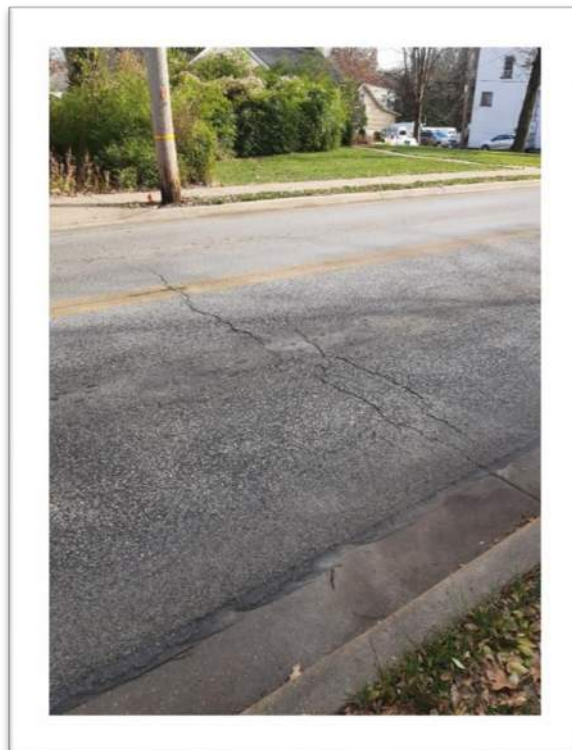


**Location #6 - PASER Score = 6**





**Location #7 - PASER Score = 6**



**Location #8 - PASER Score = 5**

## **APPENDIX D**

### **Sappington Road Improvements STP Application**

- CRASH REPORTS**
- CRASH MODIFICATION FACTORS**



0150020362

AGENCY NAME AND ORI

MO0953200

GLENDALE POLICE DEPARTMENT  
424 N. SAPPINGTON ROAD  
GLENDALE, MO 63122

*JP*

LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DRIVER NO. <u>NA</u> <u>NA</u> <u>NA</u> <u>NA</u>		CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No		CRASH CLASSIFICATION <input type="checkbox"/>		PROPERTY DAMAGE ONLY <input type="checkbox"/>		NO. INJURED <u>1</u>		NO. KILLED <u>NA</u>		REPORT / CASE / INCIDENT NUMBER <u>15-0214</u>	
NO. VEH. INV. <u>3</u>		CRASH DATE <u>02-05-2015</u>		CRASH TIME (MIL.) <u>0755</u>		NOTIFIED DATE <u>02-05-2015</u>		TIME NOTIFIED (MIL.) <u>0756</u>		INVESTIGATION DATE <u>02-05-2015</u>		TIME ARRIVED (MIL.) <u>0801</u>		INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ROADWAY <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway		NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife		COLLISION INVOLVING <input type="checkbox"/> Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision		<input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian		<input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans. <input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE <input type="checkbox"/> Front to Front <input type="checkbox"/> Angle <input type="checkbox"/> Other (Explain) <input checked="" type="checkbox"/> Front to Rear <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Rear to Side <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)					
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA: Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed: 1. Does this crash involve any of the following? 1a. A person fatally injured; OR 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage. <input type="checkbox"/> No - No commercial vehicle fields need completion. <input checked="" type="checkbox"/> Yes - Go to number 2. 2. Examine each vehicle to determine if it is a commercial vehicle based upon the following: 2a. A truck / cargo van with GVWR / GCWR of more than 10,000 lbs; OR <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. 2b. A motor vehicle with seating for 9 or more including driver; OR <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle. 2c. A vehicle with a hazardous materials placard.															
EVIDENTIARY PHOTOS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY WHOM <u>NA</u>				AVAILABLE FROM <input type="checkbox"/> Investigating Agency		<u>NA</u>							
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY WHOM <u>NA</u>				AVAILABLE FROM <input type="checkbox"/> Investigating Agency		<u>NA</u>							
2 - LOCATION															
COUNTY <u>1095</u>		MUNICIPALITY <u>1030</u>		BEAT / ZONE <u>3791</u>		TRP/DIST/PCT <u>2</u>		GPS COORDINATES (DD MMSS S FORMAT) LAT: <u>N 383605.1</u> LONG: <u>W 902310.6</u>							
ON <u>CST SAPPINGTON RD</u>		RDWY. DIR. <u>N</u>		DISTANCE FROM <u>50</u> Feet		LOCATION <input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At		INTERSECTING <u>CST JOANNA AVE</u>							
SPEED LIMIT <u>30</u>		ROAD MAINTAINED BY <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other		Unknown		Miles		SPEED LIMIT <u>20</u>		INT. DIR. <u>W</u>		GEO. CODE <u>328.0</u>			
TRAFFICWAY															
<input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Other <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Unknown															
ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)															
INTERSECTION TYPE <input checked="" type="checkbox"/> NA <input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)															
ROAD CONDITION: <input type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)															
ROAD SURFACE <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)															
WEATHER CONDITION <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)															
LIGHT CONDITION <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)															
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input checked="" type="checkbox"/> None															
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality															
4 - WITNESS <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative															
NAME		ADDRESS (Street, City, State, Zip)										PHONE NUMBER			
												NA			
												NA			
												NA			
												NA			
												NA			
5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> Other Pedestrian															
NO.		NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER			
DATE OF BIRTH		SEX		STRUCK BY VEH #.		INJ. PORT		SAFETY DEVICES		LOCATION <input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown					
CROSSING ROAD <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown		<input type="checkbox"/> NA <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown		OTHER ACTIONS <input type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.		<input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Unknown <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic		SCHOOL INFO. <input type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain)							
PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)		DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA		ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											

1

NO. <b>2</b> 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)															PHONE NUMBER																															
DRIVER LICENSE / ID NUMBER					STATE <b>MO</b>		LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown			LIC TYPE <input checked="" type="checkbox"/> Operator Class <b>F</b> <input type="checkbox"/> CDL Class <input type="checkbox"/> Interm / Grad <input type="checkbox"/> NA			Permit <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed			MC ENDORSEMENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)																														
DATE OF BIRTH		SEX <b>M</b>	SEAT LOC <b>FL</b>	INJ <b>4</b>	TRANS-PORT <b>2</b>	EJEC-TION <b>2</b>	AIR BAG <b>3</b>	SAFETY DEVICES <b>5</b>	VISION OBSTRUCTED <input type="checkbox"/> NA <input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh		<input type="checkbox"/> Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment		<input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh		<input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare		Other (Explain) <input type="checkbox"/> Unknown (Explain)																													
PROOF OF INSURANCE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required					INSURANCE COMPANY <b>STATE FARM</b> <input type="checkbox"/> Expired					PHONE NO. (Optional)			POLICY NUMBER <input type="checkbox"/> NA			<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle																														
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAD															PHONE NUMBER																															
YEAR <b>2001</b>		MAKE <b>CHEVROLET</b>			MODEL <b>SILVERADO</b>				COLOR <b>GRY</b>		VEH. TYPE <b>1</b>		TOTAL NO. OF OCC. <b>1</b>																																	
LICENSE - PLATE NO.			STATE <b>MO</b>		YEAR <b>2015</b>		VIN		TOWED FROM SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			TOWED DUE TO DIS. DAMAGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																		
VEHICLE DAMAGE (Mark all damaged areas) <input type="checkbox"/> None / No Damage										TOWED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA																																				
INITIAL IMPACT NO: <input type="checkbox"/> NA <b>8</b>										<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td> <td>18 - Undercarriage</td> <td>22 - Cargo</td> </tr> <tr> <td>1</td><td>15</td><td>16</td><td>17</td><td>8</td><td></td> <td>19 - Windshield</td> <td>23 - Unknown</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> <td>20 - Burned</td> <td>24 - Other</td> </tr> <tr> <td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td> <td>21 - Towed Unit</td> <td>(Explain)</td> </tr> </table>					2	3	4	5	6	7	18 - Undercarriage	22 - Cargo	1	15	16	17	8		19 - Windshield	23 - Unknown							20 - Burned	24 - Other	14	13	12	11	10	9	21 - Towed Unit	(Explain)
2	3	4	5	6	7	18 - Undercarriage	22 - Cargo																																							
1	15	16	17	8		19 - Windshield	23 - Unknown																																							
						20 - Burned	24 - Other																																							
14	13	12	11	10	9	21 - Towed Unit	(Explain)																																							
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance																																														
<table border="0" style="width:100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Passenger Car  <input type="checkbox"/> Van (&lt; 9 W/Driver)  <input type="checkbox"/> Passenger Van (9+ W/Driver)  <input type="checkbox"/> Sport Utility Vehicle  <input type="checkbox"/> Limousine (7-8 W/Driver)  <input type="checkbox"/> Limousine (9-15 W/Driver)  <input type="checkbox"/> Motorized Bicycle  <input type="checkbox"/> Pedalcycle  <input type="checkbox"/> To / From School </td> <td style="vertical-align: top;"> <input type="checkbox"/> Small Bus (9-15 W/Driver)  <input type="checkbox"/> Large Bus (16+ W/Driver)  <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <input type="checkbox"/> School Bus  <input type="checkbox"/> Intercity  <input type="checkbox"/> Transit / Commuter  <input type="checkbox"/> Charter / Tour  <input type="checkbox"/> Other </div> </td> <td style="vertical-align: top;"> <input type="checkbox"/> Motorcycle  <input type="checkbox"/> ATV  <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <input type="checkbox"/> 2 Wh  <input type="checkbox"/> 3 Wh  <input type="checkbox"/> 4 Wh  <input checked="" type="checkbox"/> 5 Wh / More  <input type="checkbox"/> Unknown </div> </td> <td style="vertical-align: top;"> <input type="checkbox"/> Motor Home  <input type="checkbox"/> Farm Implements  <input type="checkbox"/> Construction Equip. Heavy Mach.  <input type="checkbox"/> Other Vehicle (Code) _____  <input type="checkbox"/> Cargo Van  <input checked="" type="checkbox"/> Pickup  <input type="checkbox"/> Other Heavy Truck  <input type="checkbox"/> Unknown (Explain) </td> <td style="vertical-align: top;"> <input type="checkbox"/> Single-unit Truck: 2 axles, 6 tires  <input type="checkbox"/> Single-unit Truck: 3 or more axles  <input type="checkbox"/> Veh. Pulling Another Unit(s)            (Does not apply to Truck Tractors)  <input type="checkbox"/> Truck Tractor With No Units  <input type="checkbox"/> Truck Tractor With One Unit  <input type="checkbox"/> Truck Tractor With Two Units  <input type="checkbox"/> Truck Tractor With Three Units </td> <td style="vertical-align: top;">           GVW / GCW RATING            (Not Licensed Weight)            (Pickups, Cargo Vans, All Trucks,            Truck Tractors, or Haz Mat            Placard Veh. Only)  <input checked="" type="checkbox"/> Less than or            equal to 10,000 lbs.  <input type="checkbox"/> 10,001 - 26,000 lbs  <input type="checkbox"/> Greater than 26,000 lbs  <input type="checkbox"/> Unknown </td> </tr> </table>															<input type="checkbox"/> Passenger Car <input type="checkbox"/> Van (< 9 W/Driver) <input type="checkbox"/> Passenger Van (9+ W/Driver) <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School	<input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <input type="checkbox"/> School Bus  <input type="checkbox"/> Intercity  <input type="checkbox"/> Transit / Commuter  <input type="checkbox"/> Charter / Tour  <input type="checkbox"/> Other </div>	<input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <input type="checkbox"/> 2 Wh  <input type="checkbox"/> 3 Wh  <input type="checkbox"/> 4 Wh  <input checked="" type="checkbox"/> 5 Wh / More  <input type="checkbox"/> Unknown </div>	<input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) _____ <input type="checkbox"/> Cargo Van <input checked="" type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Single-unit Truck: 2 axles, 6 tires <input type="checkbox"/> Single-unit Truck: 3 or more axles <input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) <input type="checkbox"/> Truck Tractor With No Units <input type="checkbox"/> Truck Tractor With One Unit <input type="checkbox"/> Truck Tractor With Two Units <input type="checkbox"/> Truck Tractor With Three Units	GVW / GCW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) <input checked="" type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> Greater than 26,000 lbs <input type="checkbox"/> Unknown																										
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EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B") →										<input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated																																				
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)										CONTRIBUTING TRAFFIC CONDITIONS <input type="checkbox"/> NA <input checked="" type="checkbox"/> Congestion Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Unknown (Explain)																																				
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown <b>12   34   34</b>										ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> NA																																				
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" type="checkbox"/> None																																														
<table border="0" style="width:100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Vehicle Defects (Explain)  <input type="checkbox"/> Speed - Exceeded Limit  <input type="checkbox"/> Too Fast For Conditions  <input type="checkbox"/> Violation Signal / Sign  <input type="checkbox"/> Failed To Yield  <input type="checkbox"/> Alcohol  <input type="checkbox"/> Drugs </td> <td style="vertical-align: top;"> <input type="checkbox"/> Vision Obstructed  <input type="checkbox"/> Driver Fatigue / Asleep  <input type="checkbox"/> Improper Signal  <input type="checkbox"/> Improper Backing  <input type="checkbox"/> Improper Turn  <input type="checkbox"/> Improper Passing  <input type="checkbox"/> Improperly Parked </td> <td style="vertical-align: top;"> <input type="checkbox"/> Failed To Dim Headlights  <input type="checkbox"/> Failed To Use Lights  <input type="checkbox"/> Following Too Close  <input type="checkbox"/> Wrong Side (Not Passing)  <input type="checkbox"/> Wrong Side (One-Way)  <input type="checkbox"/> Physical Impairment (Explain)  <input type="checkbox"/> Improper Start From Park </td> <td style="vertical-align: top;"> <input type="checkbox"/> Improper Towing / Pushing  <input type="checkbox"/> Improperly Stopped On Roadway  <input type="checkbox"/> Improper Lane Usage / Change  <input type="checkbox"/> Overcorrected  <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior  <input type="checkbox"/> Failed To Secure Load / Improper Loading  <input type="checkbox"/> Animal(s) In Roadway </td> <td style="vertical-align: top;"> <input type="checkbox"/> Object / Obstruction In Roadway  <input type="checkbox"/> Distracted / Inattentive (Designate Type)  <input type="checkbox"/> Unknown (Explain)  <input type="checkbox"/> Other (Explain) </td> </tr> </table>															<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs	<input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Overcorrected <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Animal(s) In Roadway	<input type="checkbox"/> Object / Obstruction In Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)																											
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7E. WORK ZONE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown										TRAFFIC CONTROL <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain) Other: <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)																																				
7F. OCCUPANTS - NAME (Last, First, MI)										CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA																																				
ADDRESS (Street, City, State, Zip)										DATE OF BIRTH MM-DD-YYYY																																				
SEX										SEAT LOC																																				
INJ										TRANS-PORT																																				
EJEC-TION										AIR BAG																																				
SAFETY DEVICES										PHONE NUMBER																																				
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.																																														
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO																																														
PHONE NUMBER <input type="checkbox"/> SAO																																														
COMMERCIAL / NON-COMMERCIAL <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle <input type="checkbox"/> Not In Commerce - Rental Vehicle MC / MX / ICC NO. USDOT NO.																																														
CARGO BODY TYPE <input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing Another Veh.																																														



NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)															PHONE NUMBER																							
DRIVER LICENSE / ID NUMBER										STATE <b>MO</b>		LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual COL <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown			LIC TYPE <input checked="" type="checkbox"/> Operator Class <b>F</b> <input type="checkbox"/> CDL Class <input type="checkbox"/> Intaim / Grad			Permit <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed		MC ENDORSEMENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA																		
DATE OF BIRTH		SEX <b>M</b>	SEAT LOC <b>FL</b>	INJ <b>5</b>	TRANS-PORT <b>1</b>	EJEC-TION <b>2</b>	AIR BAG <b>3</b>	SAFETY DEVICES <b>5</b>	VISION OBSTRUCTED <input checked="" type="checkbox"/> NA		Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh		Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment		Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh		Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare		Other (Explain) <input type="checkbox"/> Unknown (Explain)																			
PROOF OF INSURANCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Required					INSURANCE COMPANY <b>TRAVELERS</b>					PHONE NO. (Optional)			POLICY NUMBER <input type="checkbox"/> NA			<input type="checkbox"/> Driver <input type="checkbox"/> Vehicle																						
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAD															PHONE NUMBER <input type="checkbox"/> SAD																							
YEAR <b>2009</b>		MAKE <b>DODGE</b>			MODEL <b>GRAND CARAVAN</b>					COLOR <b>GRY</b>		VEH. TYPE <b>1</b>		TOTAL NO. OF OCC. <b>1</b>																								
LICENSE - PLATE NO.			STATE <b>MO</b>		YEAR <b>2015</b>		VIN <b>1</b>			TOWED FROM SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			TOWED DUE TO DIS. DAMAGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
VEHICLE DAMAGE (Mark all damaged areas) <input type="checkbox"/> None / No Damage										TOWED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA																												
INITIAL IMPACT NO: <b>8</b>										<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td> <td>18 - Undercarriage</td> <td>22 - Cargo</td> </tr> <tr> <td>1</td><td>15</td><td>16</td><td>17</td><td>8</td><td>9</td> <td>19 - Windshield</td> <td>23 - Unknown</td> </tr> <tr> <td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>21 - Towed Unit</td> <td>20 - Burned</td> <td>24 - Other (Explain)</td> </tr> </table>					2	3	4	5	6	7	18 - Undercarriage	22 - Cargo	1	15	16	17	8	9	19 - Windshield	23 - Unknown	14	13	12	11	10	21 - Towed Unit	20 - Burned	24 - Other (Explain)
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14	13	12	11	10	21 - Towed Unit	20 - Burned	24 - Other (Explain)																															
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7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)																																						
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown										ANIMAL CODE(S)			FIXED OBJECT CODE(S)		ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> NA																							
<b>12   34</b>																																						
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" type="checkbox"/> None																																						
<table border="0" style="width:100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Vehicle Defects (Explain)  <input type="checkbox"/> Speed - Exceeded Limit  <input type="checkbox"/> Too Fast For Conditions  <input type="checkbox"/> Violation Signal / Sign  <input type="checkbox"/> Failed To Yield  <input type="checkbox"/> Alcohol  <input type="checkbox"/> Drugs </td> <td style="vertical-align: top;"> <input type="checkbox"/> Vision Obstructed  <input type="checkbox"/> Driver Fatigue / Asleep  <input type="checkbox"/> Improper Signal  <input type="checkbox"/> Improper Backing  <input type="checkbox"/> Improper Turn  <input type="checkbox"/> Improper Passing  <input type="checkbox"/> Improperly Parked </td> <td style="vertical-align: top;"> <input type="checkbox"/> Failed To Dim Headlights  <input type="checkbox"/> Failed To Use Lights  <input type="checkbox"/> Following Too Close  <input type="checkbox"/> Wrong Side (Not Passing)  <input type="checkbox"/> Wrong Side (One-Way)  <input type="checkbox"/> Physical Impairment (Explain)  <input type="checkbox"/> Improper Start From Park </td> <td style="vertical-align: top;"> <input type="checkbox"/> Improper Towing / Pushing  <input type="checkbox"/> Improperly Stopped On Roadway  <input type="checkbox"/> Improper Lane Usage / Change  <input type="checkbox"/> Overcorrected  <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior  <input type="checkbox"/> Failed To Secure Load / Improper Loading  <input type="checkbox"/> Animal(s) In Roadway </td> <td style="vertical-align: top;"> <input type="checkbox"/> Object / Obstruction in Roadway  <input type="checkbox"/> Distracted / Inattentive (Designate Type)  <input type="checkbox"/> Unknown (Explain)  <input type="checkbox"/> Other (Explain) </td> </tr> </table>															<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs	<input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Overcorrected <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Animal(s) In Roadway	<input type="checkbox"/> Object / Obstruction in Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)																			
<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs	<input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Overcorrected <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Animal(s) In Roadway	<input type="checkbox"/> Object / Obstruction in Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)																																		
										DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)																												
7E. WORK ZONE																																						
TRAFFIC CONTROL <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown										CONTROL MALEFUNCTIONING / INOPERATIVE / MISSING																												
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										<input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA																												
7F. OCCUPANTS - NAME (Last, First, MI)																																						
ADDRESS (Street, City, State, Zip)																																						
DATE OF BIRTH MM-DD-YYYY																																						
SEX																																						
SEAT LOC																																						
INJ																																						
TRANS-PORT																																						
EJEC-TION																																						
AIR BAG																																						
SAFETY DEVICES																																						
PHONE NUMBER																																						
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.																																						
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO																																						
PHONE NUMBER <input type="checkbox"/> SAO																																						
<table border="0" style="width:100%;"> <tr> <td style="vertical-align: top;">           COMMERCIAL / NON-COMMERCIAL  <input type="checkbox"/> Interstate Carrier  <input type="checkbox"/> Intrastate Carrier </td> <td style="vertical-align: top;"> <input type="checkbox"/> Not In Commerce - Government Vehicle  <input type="checkbox"/> Not In Commerce - Rental Vehicle </td> <td style="vertical-align: top;"> <input type="checkbox"/> Not In Commerce - Other Vehicle </td> <td colspan="3">MC / MX / ICC NO.</td> <td colspan="3">USDOT NO.</td> </tr> </table>															COMMERCIAL / NON-COMMERCIAL <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Intrastate Carrier	<input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Rental Vehicle	<input type="checkbox"/> Not In Commerce - Other Vehicle	MC / MX / ICC NO.			USDOT NO.																	
COMMERCIAL / NON-COMMERCIAL <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Intrastate Carrier	<input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Rental Vehicle	<input type="checkbox"/> Not In Commerce - Other Vehicle	MC / MX / ICC NO.			USDOT NO.																																
<table border="0" style="width:100%;"> <tr> <td style="vertical-align: top;"></td></tr></table>																																						

6. COLLISION  
DIAGRAMCompass Direction  
Before Crash Event(s)  
(Circle One)

V1 (N) E S W U

V2 (N) E S W U

V3 (N) E S W U

V4 N E S W U

V5 N E S W U

V6 N E S W U

INDICATE  
NORTH

North Sappington Road

Joanna Avenue

↑ = North

⊕ = Point of Impact

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

## B - CODES

SEAT LOCATION XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable	FR SR TR FC SC TC FL SL TL	INJURY 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	TRANSPORTED (For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA	EJECTION 1. NA 2. No 3. Partially 4. Totally U. Unknown	AIR BAG 1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.) 9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	SAFETY DEVICES 1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet 10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable

## VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk (\*\*) require additional coding)

- |                       |                          |                             |                                       |  |   |
|-----------------------|--------------------------|-----------------------------|---------------------------------------|--|---|
| 1. Going Straight     | 10. Start From Parked    | 19. Airborne                | 28. Separation Of Units               | 37. Collision Inv. Other Object (Explain)                                  | 44. Thrown/Falling Object   |
| 2. Overtaking         | 11. Backing              | 20. Ran Off Roadway - Right | 29. Returned To Roadway               | 38. Other Non-collision  | 45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV |
| 3. Making Right Turn  | 12. Stopped In Traffic   | 21. Ran Off Roadway - Left  | 30. Collision Inv. Pedestrian         | 39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane                      | 46. Ran Off Roadway - Other (Explain)                                 |
| 4. Right Turn on Red  | 13. Parked               | 22. Overturn / Rollover     | 31. Collision Inv. Bicycle/Pedalcycle | 40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation | 47. Cross Separator   |
| 5. Making Left Turn   | 14. Changing Lanes       | 23. Fire / Explosion        | 32. Collision Inv. Railway Veh.       | 41. Collision Inv. Working MV  |   |
| 6. Making U-Turn      | 15. Avoiding             | 24. Immersion               | 33. Collision Inv. Animal (**)        | 42. Downhill Runaway   |   |
| 7. Skidding / Sliding | 16. Cross Median         | 25. Jackknife               | 34. Collision Inv. MV in Transport    | 43. Fell/Jumped From MV  |   |
| 8. Slowing / Stopping | 17. Cross Center Of Road | 26. Cargo Loss / Shift      | 35. Collision Inv. Parked MV          |  |   |
| 9. Start In Traffic   | 18. Cross Road           | 27. Equipment Failure       | 36. Collision Inv. Fixed Object (**)  |  |   |

## ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

- |          |                 |         |                  |            |
|----------|-----------------|---------|------------------|------------|
| 60. Deer | 61. Farm Animal | 62. Dog | 63. Other Animal | U. Unknown |
|----------|-----------------|---------|------------------|------------|

## FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

- |   |   |                                       |                                 |                               |
|---|---|---------------------------------------|---------------------------------|-------------------------------|
| 20. Tree / Stump (Standing)                     | 26. Culvert                             | 32. Building                          | 38. Bridge Rail                 | 44. Wall                      |
| 21. Embankment / Driveway / Ground / Rock Bluff | 27. Highway Traffic Sign Post / Support | 33. Traffic Signal Support            | 39. Guardrail End               | 45. Cable Barrier             |
| 22. Guardrail Face                              | 28. Bridge Pier / Abutment / Support    | 34. Impact Attenuator / Crash Cushion | 40. Other Traffic Barrier       | 46. Bridge Overhead Structure |
| 23. Utility Pole                                | 29. Curb                                | 35. Fire Hydrant                      | 41. Overhead Sign Support       | 47. Overhead Line / Cable     |
| 24. Fence                                       | 30. Mail Box                            | 36. Other (Explain)                   | 42. Ditch                       | U. Unknown                    |
| 25. Street Light Support                        | 31. Concrete Traffic Barrier            | 37. Bridge Parapet End                | 43. Other Post / Pole / Support |                               |

## DISTRACTION / INATTENTION CODES

- |                                     |   |                      |  |
|-------------------------------------|---|----------------------|--|
| 1. External Distraction             | 5. Communication Device - Hand-held           | 9. Eating / Drinking | 13. Computer Equipment / Electronic Games / etc. |
| 2. Passengers                       | 6. Communication Device - Hands Free          | 10. Reading          | 14. Adjusting Vehicle Controls                   |
| 3. Stereo / Audio / Video Equipment | 7. Communication Device - Texting / E-mailing | 11. Tobacco Use      | 15. Other (Explain)                              |
| 4. Navigation Device                | 8. Communication Device - Web Browsing        | 12. Grooming         |  |

## VEHICLE TYPE CODES

- |                               |                          |  |
|-------------------------------|--------------------------|--|
| 1. Motor Vehicle In Transport | 3. Working Motor Vehicle | 5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes |
| 2. Parked Motor Vehicle       | 4. Pedalcycle            | U. Unknown   |

## OTHER VEHICLE CODES

- |                                  |               |  |                      |
|----------------------------------|---------------|--|----------------------|
| 1. Riding Mower / Garden Tractor | 3. Snowmobile | 5. Animal Drawn Vehicle / Animal Ridden For Transportation | 6. Low Speed Vehicle |
| 2. Golf Cart                     | 4. Forklift   |  | 7. Other (Explain)   |

## 9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

VEHICLE #1 WAS TRAVELLING NORTHBOUND IN THE 1300 BLOCK OF N. SAPPINGTON ROAD. VEHICLE #2 AND VEHICLE #3 WERE STOPPED IN TRAFFIC IN THE NORTHBOUND LANE OF THE 1300 BLOCK OF N. SAPPINGTON ROAD DUE TO TRAFFIC STOPPED AT THE TRAFFIC SIGNAL AT MANCHESTER ROAD. VEHICLE #1 REAR ENDED VEHICLE #2 AND VEHICLE #2 WAS THEN PUSHED INTO THE REAR END OF VEHICLE #3.

DRIVER #1 STATED HE WAS TRAVELLING NORTHBOUND ON N. SAPPINGTON ROAD AND HE OBSERVED THE TRAFFIC AHEAD WAS CONGESTED DUE TO THE TRAFFIC LIGHT AT MANCHESTER ROAD. DRIVER #1 STATED HE SAW THE LIGHT AHEAD TURN GREEN AND HE TOOK HIS EYES OFF OF THE ROAD TO LOOK AT A CONSTRUCTION CREW WORKING ON JOANNA AVENUE. DRIVER #1 STATED HIS VEHICLE THEN STRUCK VEHICLE #2 AND VEHICLE #2 WAS PUSHED INTO THE REAR OF VEHICLE #3.

DRIVER #1 STATED HE WAS NOT INJURED. DRIVER #3 STATED HE WAS NOT INJURED. DRIVER #2 COMPLAINED OF BACK AND NECK PAIN AND WAS TRANSPORTED TO MERCY HOSPITAL BY ABBOTT AMBULANCE.

VEHICLE #1 HAD SEVERE DAMAGE TO THE FRONT OF THE VEHICLE AND BOTH FRONT AIRBAGS DEPLOYED. VEHICLE #1 WAS TOWED FROM THE SCENE. VEHICLE #2 HAD MODERATE DAMAGE TO THE REAR OF THE VEHICLE AND MINOR DAMAGE TO THE FRONT BUMPER. VEHICLE #3 HAD MODERATE DAMAGE TO THE REAR BUMPER.

## 10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME SGT. CHRISTOPHER J. SARANTAKIS	DSN / BADGE NO. 291	BEAT / ZONE 3791	TROOP / DISTRICT / PRECINCT 1
REVIEWING OFFICER NAME CAPT. ROBERT A. CATLETT, JR.	DSN / BADGE NO. 193	REVIEWING OFFICER 2 NAME CHIEF JEFFREY BEATON	DSN / BADGE NO. 320



0150031482

AGENCY NAME AND ORI

MO0953200

GLENDALE POLICE DEPARTMENT  
424 N. SAPPINGTON ROAD  
GLENDALE, MO 63122

LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DRIVER NO. NA NA NA NA	CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No	CRASH CLASSIFICATION <input type="checkbox"/> PROPERTY DAMAGE ONLY <input type="checkbox"/> NO INJURED <input type="checkbox"/> NO KILLED	REPORT / CASE / INCIDENT NUMBER 15-0959			
NO. VEH. INV. 1	CRASH DATE 04-30-2015	CRASH TIME (ML) 1831	NOTIFIED DATE 04-30-2015	TIME NOTIFIED (ML) 1831	INVESTIGATION DATE 04-30-2015	TIME ARRIVED (ML) 1832	INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ROADWAY <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway	NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	COLLISION INVOLVING <input type="checkbox"/> Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision	<input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input checked="" type="checkbox"/> Pedestrian	<input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans. <input type="checkbox"/> Motor Vehicle In Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle	DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE <input type="checkbox"/> Front to Front <input type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side <input type="checkbox"/> Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)		

COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.

1. Does this crash involve any of the following?  
1a. A person fatally injured; OR  
1b. A person transported for medical attention; OR  
1c. A vehicle towed due to disabling damage.  
☐ No - No commercial vehicle fields need completion.  
☒ Yes - Go to number 2. →
2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:  
2a. A truck / cargo van with GVWR / GCVWR of more than 10,000 lbs; OR  
2b. A motor vehicle with seating for 9 or more including driver; OR  
2c. A vehicle with a hazardous materials placard.  
☒ No - No commercial vehicle fields need completion.  
☐ Yes - Complete Section 7G for appropriate vehicle.

EVIDENTIARY PHOTOS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM NA	AVAILABLE FROM NA	<input type="checkbox"/> Investigating Agency
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM NA	AVAILABLE FROM NA	<input type="checkbox"/> Investigating Agency

2 - LOCATION	
COUNTY 095 ST. LOUIS	MUNICIPALITY 1030 GLENDALE
BEAT / ZONE 3759	TRP/DIST/PCT 03
GPS COORDINATES (DD MM SS S FORMAT) LAT: N 383542.7 LONG: W 902311.2	
ON CST SAPPINGTON RD	RDWY. DIR. S
SPEED LIMIT 30	ROAD MAINTAINED BY <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other
DISTANCE FROM 150 Feet	LOCATION <input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At
INTERSECTING CST KIRKHAM AVE	SPEED LIMIT 30
INT. DIR. E	GEO - CODE 328.0

TRAFFICWAY <input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane	<input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Other <input type="checkbox"/> Unknown	ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)	ROAD PROFILE <input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)
INTERSECTION TYPE <input checked="" type="checkbox"/> NA <input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)	ROAD CONDITION <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)	WEATHER CONDITION <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	
ROAD SURFACE <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Cobblestone <input type="checkbox"/> Unknown (Explain)			
LIGHT CONDITION <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)			

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES : <input checked="" type="checkbox"/> None
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality

4 - WITNESS <input type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative		
NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER
		NA
		NA
		NA

5 - PEDESTRIAN <input type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input checked="" type="checkbox"/> Other Pedestrian		
NO. 1	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER

DATE OF BIRTH	SEX F	STRUCK BY VEH # 1	INJ 2	TRANS-PORT 2	SAFETY DEVICES 2	LOCATION <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> On Sidewalk <input type="checkbox"/> In Driveway Access <input type="checkbox"/> Off Roadway <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> Unknown	
CROSSING ROAD <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown	<input type="checkbox"/> NA <input checked="" type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown	OTHER ACTIONS <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.	<input type="checkbox"/> NA / None <input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Other (Explain)	SCHOOL INFO. <input checked="" type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain)		
PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> None <input checked="" type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)						DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA	ALCOHOL USE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown



7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS															
7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER			
1															
DRIVER LICENSE / ID NUMBER		STATE		LIC STATUS		<input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown		LIC TYPE		<input checked="" type="checkbox"/> Operator Class <input type="checkbox"/> Permt <input type="checkbox"/> Unknown (Explain)		MC ENDORSEMENT		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)	
MO				<input type="checkbox"/> NA				<input type="checkbox"/> NA		<input type="checkbox"/> Interm / Grad					
DATE OF BIRTH		SEX		SEAT LOC		INJ		TRANSPORT		EJECTION		AIR BAG		SAFETY DEVICES	
		M		FL		5		1		2		3		5	
VISION OBSTRUCTED		<input checked="" type="checkbox"/> NA		<input type="checkbox"/> Not Obstructed		<input type="checkbox"/> Windshield		<input type="checkbox"/> Load on Veh		<input type="checkbox"/> Trees / Brush		<input type="checkbox"/> Building		<input type="checkbox"/> Embankment	
PROOF OF INSURANCE		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		INSURANCE COMPANY		<input type="checkbox"/> Expired		PHONE NO. (Optional)		POLICY NUMBER		<input type="checkbox"/> NA		<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle	
				AMERICAN NATIONAL											
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER			
												SAD			
YEAR		MAKE		MODEL		COLOR		VEH. TYPE		TOTAL NO. OF OCC.					
2007		PONTIAC		G6S		RED   RED		1		1					
LICENSE - PLATE NO.		STATE		YEAR		VIN		TOWED FROM SCENE		TOWED DUE TO DIS. DAMAGE					
		MO		2015				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
VEHICLE DAMAGE (Mark all damaged areas)															
<input type="checkbox"/> None / No Damage															
INITIAL IMPACT NO: 11															
18 - Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 20 - Burned 24 - Other (Explain) 21 - Towed Unit															
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance															
<input checked="" type="checkbox"/> Passenger Car <input type="checkbox"/> Van (< 9 W/Driver) <input type="checkbox"/> Passenger Van (9+ W/Driver) <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School															
<input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> School Bus <input type="checkbox"/> Intercity <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other															
<input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <input type="checkbox"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Unknown															
<input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> Cargo Van <input type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Unknown (Explain)															
<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires <input type="checkbox"/> Single-unit Truck; 3 or more axles <input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) <input type="checkbox"/> Truck Tractor With No Units <input type="checkbox"/> Truck Tractor With One Unit <input type="checkbox"/> Truck Tractor With Two Units <input type="checkbox"/> Truck Tractor With Three Units															
GVW / GCW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) <input type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown															
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B") <input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated															
CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA <input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Unknown (Explain)															
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)															
SEQUENCE OF EVENTS CODES: <input type="checkbox"/> Unknown 1   30															
ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> NA															
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" type="checkbox"/> None															
<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs															
<input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked															
<input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Start From Park															
<input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Overcorrected <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Animal(s) In Roadway															
<input type="checkbox"/> Object / Obstruction In Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)															
DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)															
7E. WORK ZONE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown															
TRAFFIC CONTROL <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown															
Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)															
Other: <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus															
Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)															
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA															
7F. OCCUPANTS - NAME (Last, First, MI)															
ADDRESS (Street, City, State, Zip)															
DATE OF BIRTH MM-DD-YYYY															
SEX															
SEAT LOC															
INJ															
TRANSPORT															
EJECTION															
AIR BAG															
SAFETY DEVICES															
PHONE NUMBER															
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.															
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO															
PHONE NUMBER <input type="checkbox"/> SAO															
COMMERCIAL / NON-COMMERCIAL <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle <input type="checkbox"/> Not In Commerce - Rental Vehicle															
MC / MX / ICC NO. USDOT NO.															
CARGO BODY TYPE <input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing Another Veh. <input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other <input type="checkbox"/> Unknown															
<input type="checkbox"/> Cargo Tank <input type="checkbox"/> Dump <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log															
HAZARDOUS MATERIALS <input type="checkbox"/> PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown															
4-DIGIT NO. CLASS HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown															
HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown															
HAZARDOUS MATERIAL NAME															

6. COLLISION DIAGRAM Compass Direction Before Crash Event(s) (Circle One) V1 NE S WU V2 NES WU V3 NES WU V4 NES WU V5 NES WU V6 NES WU

INDICATE NORTH  
↓  
North

760 N. Sappington

(running)



point of impact

SPEED LIMIT 35

North Glendale School  
765 N. Sappington Road

STOP

W. Kirkham

STOP

STOP

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

## 8 - CODES

SEAT LOCATION	INJURY	TRANSPORTED	EJECTION	AIR BAG	SAFETY DEVICES
XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable	<div> <div>FR SR TR</div> <div>FC SC TC</div> <div>FL SL TL</div> </div> 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	1. No 2. EMS 3. Other U. Unknown N. NA	1. NA 2. No 3. Partially 4. Totally U. Unknown	1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.) 9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet 10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable

## VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [\*\*] require additional coding)

1. Going Straight 2. Overtaking 3. Making Right Turn 4. Right Turn on Red 5. Making Left Turn 6. Making U-Turn 7. Skidding / Sliding 8. Slowing / Stopping 9. Start In Traffic	10. Start From Parked 11. Backing 12. Stopped In Traffic 13. Parked 14. Changing Lanes 15. Avoiding 16. Cross Median 17. Cross Center Of Road 18. Cross Road	19. Airborne 20. Ran Off Roadway - Right 21. Ran Off Roadway - Left 22. Overturn / Rollover 23. Fire / Explosion 24. Immersion 25. Jackknife 26. Cargo Loss / Shift 27. Equipment Failure	28. Separation Of Units 29. Returned To Roadway 30. Collision Inv. Pedestrian 31. Collision Inv. Bicycle/Pedalcycle 32. Collision Inv. Railway Veh. 33. Collision Inv. Animal (**) 34. Collision Inv. MV In Transport 35. Collision Inv. Parked MV 36. Collision Inv. Fixed Object (**)	37. Collision Inv. Other Object (Explain) 38. Other Non-collision 39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane 40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation 41. Collision Inv. Working MV 42. Downhill Runaway 43. Fell/Jumped From MV	44. Thrown/Falling Object 45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV 46. Ran Off Roadway - Other (Explain) 47. Cross Separator
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## ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

60. Deer	61. Farm Animal	62. Dog	63. Other Animal	U. Unknown
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## FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

20. Tree / Stump (Standing) 21. Embankment / Driveway / Ground / Rock Bluff 22. Guardrail Face 23. Utility Pole 24. Fence 25. Street Light Support	26. Culvert 27. Highway Traffic Sign Post / Support 28. Bridge Pier / Abutment / Support 29. Curb 30. Mail Box 31. Concrete Traffic Barrier	32. Building 33. Traffic Signal Support 34. Impact Attenuator / Crash Cushion 35. Fire Hydrant 36. Other (Explain) 37. Bridge Parapet End	38. Bridge Rail 39. Guardrail End 40. Other Traffic Barrier 41. Overhead Sign Support 42. Ditch 43. Other Post / Pole / Support	44. Wall 45. Cable Barrier 46. Bridge Overhead Structure 47. Overhead Line / Cable U. Unknown
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## DISTRACTION / INATTENTION CODES

1. External Distraction 2. Passengers 3. Stereo / Audio / Video Equipment 4. Navigation Device	5. Communication Device - Hand-held 6. Communication Device - Hands Free 7. Communication Device - Texting / E-mailing 8. Communication Device - Web Browsing	9. Eating / Drinking 10. Reading 11. Tobacco Use 12. Grooming	13. Computer Equipment / Electronic Games / etc. 14. Adjusting Vehicle Controls 15. Other (Explain)
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## VEHICLE TYPE CODES

1. Motor Vehicle In Transport 2. Parked Motor Vehicle	3. Working Motor Vehicle 4. Pedalcycle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes U. Unknown
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## OTHER VEHICLE CODES

1. Riding Mower / Garden Tractor 2. Golf Cart	3. Snowmobile 4. Forklift	5. Animal Drawn Vehicle / Animal Ridden For Transportation 6. Low Speed Vehicle 7. Other (Explain)
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## 9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

ON THURSDAY, APRIL 30, 2015, AT APPROXIMATELY 1831 HOURS, SERGEANT C. SARANTAKIS, DSN 291, AND I, ALONG WITH GLENDALE FIRE DEPARTMENT PUMPER #1414 AND ABBOTT AMBULANCE, RESPONDED TO 760 N. SAPPINGTON ROAD FOR A REPORT OF A VEHICLE ACCIDENT WITH A "PEDESTRIAN STRUCK".

UPON ARRIVAL, I OBSERVED A JUVENILE FEMALE LYING FACE DOWN IN A PRONE POSITION ACROSS BOTH LANES OF N. SAPPINGTON ROAD, JUST SOUTH OF W. KIRKHAM AVENUE. THE JUVENILE'S FEET WERE TO THE WEST AND HER HEAD TO THE EAST. THE FEMALE JUVENILE WAS ALERT AND TALKING TO THE PARAMEDICS TREATING HER. I OBSERVED VISIBLE ABRASIONS TO HER RIGHT SHOULDER AND NUMEROUS ABRASIONS TO HER LOWER EXTREMITIES. I ALSO OBSERVED TIRE TREAD MARKS ACROSS HER LOWER LEGS. BOTH PARENTS WERE PRESENT AT THE SCENE. THE JUVENILE WAS IDENTIFIED AS \_\_\_\_\_ BY HER FATHER, \_\_\_\_\_ WAS ALSO BEING TREATED BY ABBOTT AMBULANCE PARAMEDICS. \_\_\_\_\_ WAS SUBSEQUENTLY TRANSPORTED BY ABBOTT AMBULANCE TO ST. LOUIS CHILDREN'S HOSPITAL FOR ADDITIONAL CARE.

I SPOKE TO DRIVER #1 WHO WAS VISIBLY UPSET ABOUT THE ACCIDENT. DRIVER #1 SAID HE WAS TRAVELING SOUTH ON N. SAPPINGTON ROAD IN FRONT OF NORTH GLENDALE SCHOOL. HE HEARD SOMETHING STRIKE THE LEFT SIDE OF HIS CAR. HE STOPPED AND LOOKED BACK TO OBSERVE A YOUNG GIRL LYING IN THE ROAD. DRIVER #1 SAID HE STOPPED IMMEDIATELY AND WENT TO CHECK ON THE INJURED GIRL. DRIVER #1 SAID HE NEVER SAW THE YOUNG GIRL RUN INTO THE ROAD PRIOR TO THE IMPACT. DRIVER #1 SAID HE WAS DRIVING BELOW THE SPEED LIMIT.

I SPOKE TO WITNESS, \_\_\_\_\_, BROTHER OF PEDESTRIAN, \_\_\_\_\_ SAID HE AND \_\_\_\_\_ WERE THROWING A BALL IN THE BACK YARD OF THEIR RESIDENCE AT 760 N. SAPPINGTON ROAD. THE BALL WAS THROWN OVER THE FENCE AND ROLLED ONTO N. SAPPINGTON ROAD IN FRONT OF THEIR HOUSE. \_\_\_\_\_ RAN TO THE FRONT YARD TO RETRIEVE THE BALL. \_\_\_\_\_ SAID I \_\_\_\_\_ LOOKED BOTH WAYS PRIOR TO CROSSING THE ROAD. \_\_\_\_\_ RAN TO GET THE BALL AND SLIPPED ON THE PAVEMENT DUE TO THE RUBBER CLEATS SHE WAS WEARING LOSING TRACTION ON THE ASPHALT. \_\_\_\_\_ FELL UNDERNEATH THE CARRIAGE OF VEHICLE #1 WHILE IT WAS IN MOTION. CARTER THEN ALERTED HIS PARENTS THAT \_\_\_\_\_ WAS STRUCK BY A CAR. BOTH PARENTS RAN TO WHERE \_\_\_\_\_ WAS LYING ON THE ROAD AND CALLED 911.

## 10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME PTN. MARK E. MCDANIEL	DSN / BADGE NO. 259	BEAT / ZONE 3759	TROOP / DISTRICT / PRECINCT 3
REVIEWING OFFICER NAME SGT. CHRISTOPHER J. SARANTAKIS	DSN / BADGE NO. 291	REVIEWING OFFICER 2 NAME CAPT. ROBERT A. CATLETT, JR.	DSN / BADGE NO. 193



## 11. NARRATIVE / STATEMENTS CONTINUATION (If additional room is necessary use Narrative / Statements Continuation / Supplement)

I SPOKE TO WITNESS, , ABOUT WHAT HE OBSERVED. SAID HE WAS DRIVING NORTHBOUND ON N. SAPPINGTON ROAD WHEN HE WITNESSED A YOUNG FEMALE FALL UNDERNEATH VEHICLE #1. SAID HE DID NOT OBSERVE THE FEMALE'S MOVEMENT PRIOR TO THE IMPACT WITH VEHICLE #1.

PEDESTRIAN WAS TREATED FOR A FRACTURED SHOULDER AT ST. LOUIS CHILDREN'S HOSPITAL AND WAS KEPT OVERNIGHT FOR OBSERVATION AND PAIN MANAGEMENT.

ANY INFORMATION LEARNED OR DISCOVERED WILL BE ADDED IN A SUPPLEMENT REPORT.

SUPPLEMENTAL REPORT NO. 15-0959		SUPPLEMENTAL REPORT DATE 05-07-2015		AGENCY NAME AND ORI GLENDALE POLICE DEPARTMENT 424 N. SAPPINGTON ROAD GLENDALE, MO 63122		MO0953200
CRASH DATE 04-30-2015	TRP / DIST / PCT 3	COUNTY ST. LOUIS		REPORTING OFFICER NAME PTN. MARK E. MCDANIEL		DSN / BADGE NO. 259
SUPPLEMENTAL REVIEWING OFFICER NAME SGT. CHRISTOPHER J. SARANTAKIS				DSN / BADGE NO. 291		

## NARRATIVE / STATEMENTS CONTINUATION / SUPPLEMENT

RELATIVE TO THE ORIGINAL REPORT, ON TUESDAY, 5-5-2015, I WENT THE RESIDENCE OF PEDESTRIAN, SO I COULD SPEAK WITH HER ABOUT HER VERSION OF THE ACCIDENT.

I MET WITH [REDACTED] AND HER MOTHER IN HER BEDROOM WHILE SHE WAS RECOVERING FROM HER INJURIES. [REDACTED] VERSION OF THE ACCIDENT WAS SIMILAR TO HER BROTHER'S STATEMENT. [REDACTED] SAID SHE WAS PLAYING SOCCER IN THE BACKYARD OF HER RESIDENCE WHEN HER BROTHER KICKED THE BALL OVER THE FENCE. THE BALL EVENTUALLY ROLLED ACROSS N. SAPPINGTON ROAD IN FRONT OF THEIR HOUSE. [REDACTED] WENT TO RETRIEVE THE BALL AND STOPPED AT THE CURB AND LOOKED BOTH WAYS BEFORE ENTERING THE ROAD. [REDACTED] SAID HER RUBBER CLEATS SLIPPED ON THE PAVEMENT, CAUSING HER TO FALL ON THE PAVEMENT AS SHE APPROACHED THE BALL. [REDACTED] SAID SHE REMEMBERED BEING STRUCK BY THE VEHICLE AND THE INITIAL IMPACT CAUSED HER TO ROLL ON THE PAVEMENT AND BOTH FRONT AND REAR TIRES ROLLED OVER HER. AFTER THE ACCIDENT, SHE REMEMBERED HER PARENTS CARING FOR HER. [REDACTED] FELT THE VEHICLE WAS SPEEDING PRIOR TO THE ACCIDENT. [REDACTED] DID NOT SEE THE VEHICLE PRIOR TO ENTERING THE ROAD.

I SPOKE TO [REDACTED] FATHER, [REDACTED], WHO SAID HE WAS IN THE FRONT YARD WHEN THE ACCIDENT OCCURRED. HE DID NOT WITNESS THE ACCIDENT, BUT DID HEAR WHAT HE DESCRIBED AS "THUMP..THUMP" AS BOTH FRONT AND REAR TIRES STRUCK

SHOULD ANY FURTHER INFORMATION BE LEARNED OR DISCOVERED, IT WILL BE WRITTEN IN A SUPPLEMENT REPORT.

## MISSOURI UNIFORM CRASH REPORT

PAGE 1 OF 4



0160075777

AGENCY NAME AND ORIGIN

. ENDALE POLICE DEPARTMENT  
4 N. SAPPINGTON ROAD  
ENDALE, MO 63122

MO0953200

BH

LEFT THE SCENE? ☐ Yes ☒ No DRIVER NO. NA NA NA NA CRASH CLASSIFICATION ☐ Yes ☐ No PROPERTY DAMAGE ONLY? ☐ NO INJURED ☐ NO KILLED ☐ NO REPORT / CASE / INCIDENT NUMBER 16-2417

NO. VEH. INV. 1 CRASH DATE 10-31-2016 CRASH TIME (MIL.) 1750 NOTIFIED DATE 10-31-2016 TIME NOTIFIED (MIL.) 1751 INVESTIGATION DATE 10-31-2016 TIME ARRIVED (MIL.) 1753 INVEST. AT SCENE ☒ Yes ☐ No

ROADWAY ☒ On ☐ Off CRASH TYPE ☐ Roadway ☐ Off ROADWAY NON-COLLISION ☐ Overtaking ☐ Fire / Explosion ☐ Immersion ☐ Jackknife COLLISION INVOLVING ☐ Animal ☐ Pedalcycle ☐ Fixed Object ☐ Other Object ☒ Pedestrian ☐ Railway Vehicle ☐ Animal Drawn Veh / Animal Ridden Trans. ☐ Motor Vehicle in Transport ☐ Parked Motor Vehicle ☐ Working Motor Vehicle DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE ☐ Front to Front ☐ Angle ☐ Other (Explain) ☐ Front to Rear ☐ Sideswipe (Same Dir.) ☐ Rear to Rear ☐ Sideswipe (Opp. Dir.) ☐ Unknown (Explain) ☐ Rear to Side ☐ Falling / Shifting Cargo (Set in motion by MV)

COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.

1. Does this crash involve any of the following?  
1a. A person fatally injured; OR  
1b. A person transported for medical attention; OR  
1c. A vehicle towed due to disabling damage. ☐ No - No commercial vehicle fields need completion. ☒ Yes - Go to number 2. →
2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:  
2a. A truck / cargo van with GVWR / GCWR of more than 10,000 lbs; OR  
2b. A motor vehicle with seating for 9 or more including driver; OR  
2c. A vehicle with a hazardous materials placard. ☒ No - No commercial vehicle fields need completion. ☐ Yes - Complete Section 7G for appropriate vehicle.

EVIDENTIARY PHOTOS TAKEN ☐ Yes ☒ No BY WHOM NA AVAILABLE FROM ☐ Investigating Agency NA  
RECONSTRUCTION ☐ Yes ☒ No BY WHOM NA AVAILABLE FROM ☐ Investigating Agency NA

## 2 - LOCATION

COUNTY 095 ST. LOUIS MUNICIPALITY 1030 GLENDALE BEAT / ZONE 3725 TRIP/DIST/PT 3 GPS COORDINATES (DD MM SS.SS FORMAT) LAT: N 383538.1 LONG: W 902311.1

ON CST SAPPINGTON RD RDWY. DIR. N DISTANCE FROM 60 Feet LOCATION INTERSECTING CST BROWNELL AVE

SPEED LIMIT 30 ROAD MAINTAINED BY ☐ State ☐ County ☒ Municipal ☐ Private Property ☐ Other ☐ Unknown ☐ Before ☐ At ☒ After ☐ NA SPEED LIMIT-INT. DIR. 20 E GEO. CODE 328.0

TRAFFICWAY ☐ One-Way ☒ Two-Way, Not Divided ☐ Two-Way, Divided; Unprotected Median ☐ Other ☐ Two-Way, Not Divided; Continuous Center Turn Lane ☐ Two-Way, Divided; Positive Median Barrier ☐ Unknown ROAD ALIGNMENT ☒ Straight ☐ Curve ☐ Unknown (Explain) ROAD PROFILE ☒ Level ☐ Downhill ☐ Dip ☐ Uphill ☐ Hillcrest ☐ Unknown (Explain)

INTERSECTION TYPE ☒ NA ☐ 4-way Intersection ☐ Y-Intersection ☐ 5-way / More ☐ Unknown (Explain) ☐ T-Intersection ☐ Roundabout ☐ Other (Explain) ROAD CONDITION ☒ Dry ☐ Snow ☐ Slush ☐ Standing Water ☐ Sand / Gravel ☐ Unknown (Explain) ☐ Wet ☐ Ice / Frost ☐ Mud / Dirt ☐ Moving Water ☐ Other (Explain)

ROAD SURFACE ☒ Concrete ☐ Brick ☐ Dirt / Sand ☐ Cobblestone ☐ Asphalt ☐ Gravel ☐ Multi-Surface ☐ Unknown (Explain) WEATHER CONDITION ☒ Clear ☐ Rain ☐ Sleet / Hail ☐ Fog / Mist ☐ Other (Explain) ☐ Cloudy ☐ Snow ☐ Freezing (Temp) ☐ Severe Crosswind ☐ Unknown (Explain)

LIGHT CONDITION ☒ Daylight ☐ Dark-Lighted ☐ Dark-Unlighted ☐ Dark-Unknown Lighting ☐ Other (Explain) ☐ Unknown (Explain)

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES ☒ NoneLIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. ☐ MoDOT ☐ County ☐ Municipality4 - WITNESS ☐ None Identified ☐ Additional Witnesses In Narrative

NAME ADDRESS (Street, City, State, Zip) PHONE NUMBER

NAME ADDRESS (Street, City, State, Zip) PHONE NUMBER  
NAME ADDRESS (Street, City, State, Zip) PHONE NUMBER  
NAME ADDRESS (Street, City, State, Zip) PHONE NUMBER  
NAME ADDRESS (Street, City, State, Zip) PHONE NUMBER

5 - PEDESTRIAN ☐ NA ☐ Law Enforcement Officer ☐ Other Emergency Services Personnel ☐ MoDOT Worker ☐ Other Trafficway Worker ☒ Other Pedestrian

NO. 1 NAME (Last, First, MI) &amp; ADDRESS (Street, City, State, Zip) PHONE NUMBER

DATE OF BIRTH SEX STRUCK BY VEH # INJ TRANSPORT SAFETY DEVICES LOCATION

DATE OF BIRTH M SEX M STRUCK BY VEH # 1 INJ 3 TRANSPORT 2 SAFETY DEVICES ☒ On Roadway ☐ In Driveway Access ☐ On Median / Crossing Island ☐ On Sidewalk ☐ Off Roadway ☐ Unknown

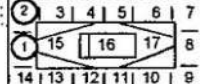
CROSSING ROAD ☐ NA ☐ With Signal ☒ Not At Crosswalk ☐ Against Signal ☐ In Marked Crosswalk ☒ No Signal ☐ In Unmarked Crosswalk ☐ Unknown ☐ Unknown OTHER ACTIONS ☐ NA / None ☐ Getting On / Off Vehicle ☐ Standing / Lying / Sitting In Trafficway ☐ Pushing / Working On Vehicle ☐ Behind / In Front of Parked / Stopped Veh. ☐ Working In Trafficway ☐ Playing In Trafficway ☒ Walking / Running In Trafficway ☐ With Traffic ☐ Against Traffic SCHOOL INFO. ☒ NA ☐ Going To / From School ☐ Getting On / Off School Bus ☐ Both Of The Above ☐ Unknown (Explain)

PROBABLE CONTRIBUTING CIRCUMSTANCES ☐ None ☒ Failed To Yield ☐ Alcohol ☐ Vision Obstructed (Explain) ☐ Other (Explain) ☐ Distracted / Inattentive ☐ Drugs ☐ Physical Impairment (Explain) ☐ Unknown (Explain) DISTRACTED / INATTENTIVE CODE(S) ☒ NA ALCOHOL USE ☐ Yes ☒ No ☐ Unknown

## 7 - DRIVERS, VEHICLES, OWNERS, &amp; OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip): 1										PHONE NUMBER			
DRIVER LICENSE / ID NUMBER		STATE MO	UC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown	LIC TYPE <input type="checkbox"/> Operator Class <input type="checkbox"/> CDL Class <input type="checkbox"/> Interm / Grad	<input checked="" type="checkbox"/> Permit <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed	MC ENDORSEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)							
DATE OF BIRTH	SEX F	SEAT LOC FL	INJ 5	TRANS-PORT 1	EJECTION 2	AIR BAG 3	SAFETY DEVICES 5	VISION OBSTRUCTED <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh	<input type="checkbox"/> Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment	<input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh	<input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare	<input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)
PROOF OF INSURANCE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		INSURANCE COMPANY FARMERS INSURANCE				PHONE NO. (Optional)		POLICY NUMBER		<input type="checkbox"/> NA		<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle	
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip):										PHONE NUMBER		<input type="checkbox"/> SAD	

YEAR 2012	MAKE CADILLAC	MODEL SRX	COLOR BLK	VEH TYPE 1	TOTAL NO. OF OCC. 3
LICENSE PLATE NO.	STATE MO	YEAR 2018	VIN.	TOWED FROM SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TOWED DUE TO DIS. DAMAGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

VEHICLE DAMAGE (Mark all damaged areas)		<input checked="" type="checkbox"/> None / No Damage		TOWED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA	
INITIAL IMPACT NO. <input type="checkbox"/> NA 2			18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit		22 - Cargo 23 - Unknown 24 - Other (Explain)

VEHICLE BODY TYPES: Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance					
<input type="checkbox"/> Passenger Car <input type="checkbox"/> Van (< 9 W/Driver) <input type="checkbox"/> Passenger Van (9+ W/Driver) <input checked="" type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School	<input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> School Bus <input type="checkbox"/> Intercity <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other	<input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <input type="checkbox"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Unknown	<input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> Cargo Van <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Single-unit Truck: 2 axles, 8 tires <input type="checkbox"/> Single-unit Truck: 3 or more axles <input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) <input type="checkbox"/> Truck Tractor With No Units <input type="checkbox"/> Truck Tractor With One Unit <input type="checkbox"/> Truck Tractor With Two Units <input type="checkbox"/> Truck Tractor With Three Units	GVW / GCW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) <input type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown

EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA		CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA	
<input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Ambulance <input type="checkbox"/> Other (Must check "A" / "B")	<input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated	<input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Crash Ahead	<input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES		Additional Codes Listed in Narrative (See Codes in Section 8)		ALCOHOL USE	
SEQUENCE OF EVENTS CODES 1 30		ANIMAL CODE(S)		FIXED OBJECT CODE(S)	
<input type="checkbox"/> Unknown				<input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES:		<input checked="" type="checkbox"/> None			
<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs	<input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Overcorrected <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Animal(s) In Roadway	<input type="checkbox"/> Object / Obstruction in Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)	DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)

7E. WORK ZONE:		TRAFFIC CONTROL: <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown		CONTROL MALFUNCTIONING / INOPERATIVE / MISSING	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)	Other: <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus		<input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA	
Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)				

7F. OCCUPANTS - NAME (Last, First, MI)		DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANS-PORT	EJECTION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
ADDRESS (Street, City, State, Zip)		MM-DD-YYYY									
				M	FR	5	1	2	3	5	
				F	SL	5	1	2	3	5	

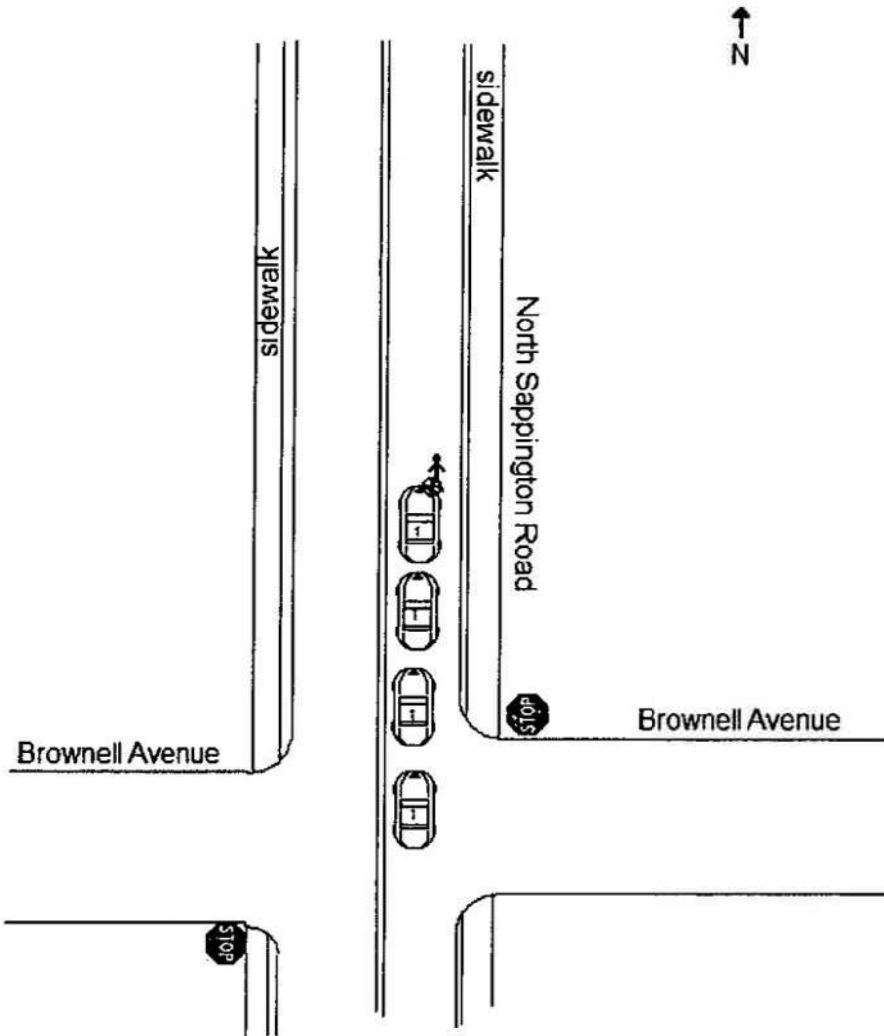
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA		Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.											
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip):										PHONE NUMBER		<input type="checkbox"/> SAO	
COMMERCIAL / NON-COMMERCIAL		<input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Intrastate Carrier		<input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle		MC / MX / ICC NO.		USDOT NO.					
CARGO BODY TYPE		<input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing Another Veh. <input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other		<input type="checkbox"/> Cargo Tank <input type="checkbox"/> Dump <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log									
HAZARDOUS MATERIALS		PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		4-DIGIT NO.		CLASS		HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		HAZARDOUS MATERIAL NAME	

6. COLLISION  
DIAGRAM

Compass Direction -  
Before Crash Event(s)  
(Circle One)

V1 **N** E S W U V2 N E S W U V3 N E S W U V4 N E S W U V5 N E S W U V6 N E S W U

INDICATE  
NORTH



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE



## 6 - CODES

SEAT LOCATION	INJURY	TRANSPORTED	EJECTION	AIR BAG	SAFETY DEVICES
XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable	<div> <div>FR SR TR</div> <div>FC SC TC</div> <div>FL SL TL</div> </div> 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	1. No 2. EMS 3. Other U. Unknown N. NA	1. NA 2. No 3. Partially 4. Totally U. Unknown	1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.)	9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown 1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet 10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable

## VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk ["\*"] require additional coding)

1. Going Straight	10. Start From Parked	19. Airborne	28. Separation Of Units	37. Collision Inv. Other Object (Explain)	44. Thrown/Falling Object
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway	38. Other Non-collision	45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian	39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane	46. Ran Off Roadway - Other (Explain)
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle	40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation	47. Cross Separator
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.	41. Collision Inv. Working MV	
6. Making U-Turn	15. Avoiding	24. Immersion	33. Collision Inv. Animal (**)	42. Downhill Runaway	
7. Skidding / Sliding	16. Cross Median	25. Jackknife	34. Collision Inv. MV In Transport	43. Fell/Jumped From MV	
8. Slowing / Stopping	17. Cross Center Of Road	26. Cargo Loss / Shift	35. Collision Inv. Parked MV		
9. Start In Traffic	18. Cross Road	27. Equipment Failure	36. Collision Inv. Fixed Object (**)		

## ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

60. Deer	61. Farm Animal	62. Dog	63. Other Animal	U. Unknown
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## FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

20. Tree / Stump (Standing)	26. Culvert	32. Building	38. Bridge Rail	44. Wall
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End	45. Cable Barrier
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier	46. Bridge Overhead Structure
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support	47. Overhead Line / Cable
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch	U. Unknown
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support	

## DISTRACTION / INATTENTION CODES

1. External Distraction	5. Communication Device - Hand-held	9. Eating / Drinking	13. Computer Equipment / Electronic Games / etc.
2. Passengers	6. Communication Device - Hands Free	10. Reading	14. Adjusting Vehicle Controls
3. Stereo / Audio / Video Equipment	7. Communication Device - Texting / E-mailing	11. Tobacco Use	15. Other (Explain)
4. Navigation Device	8. Communication Device - Web Browsing	12. Grooming	

## VEHICLE TYPE CODES

1. Motor Vehicle In Transport	3. Working Motor Vehicle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes
2. Parked Motor Vehicle	4. Pedalcycle	U. Unknown

## OTHER VEHICLE CODES

1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transportation	6. Low Speed Vehicle
2. Golf Cart	4. Forklift		7. Other (Explain)

## 9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

DRIVER 1 WAS TRAVELING NORTHBOUND ON N. SAPPINGTON ROAD AND HAD PASSED THE INTERSECTION WITH BROWNELL AVENUE. ACCORDING TO DRIVER 1, AS WELL AS PASSENGERS 1 AND 2, DRIVER 1 WAS TRAVELING AT APPROXIMATELY 20 MILES PER HOUR IN A 30 MILE PER HOUR ZONE.

WITNESSES 1, 2, AND 3 STATED THEY HAD CROSSED N. SAPPINGTON ROAD IN AN AREA WITHOUT TRAFFIC CONTROL OR A CROSSWALK. THEY CROSSED BEFORE THEIR FRIEND, PEDESTRIAN 1, HAD A CHANCE TO FOLLOW THEM. PEDESTRIAN 1 ATTEMPTED TO CROSS N. SAPPINGTON ROAD QUICKLY, WITHOUT LOOKING FOR MOVING VEHICLES, AND WAS SUBSEQUENTLY STRUCK BY VEHICLE 1.

DRIVER 1, BOTH OCCUPANTS, ALL WITNESSES AND PEDESTRIAN 1 ADVISED THE IMPACT KNOCKED PEDESTRIAN 1 TO THE GROUND. VEHICLE 1 IMMEDIATELY STOPPED AND ALL PARTIES PRESENT HELPED PEDESTRIAN 1 OFF THE ROADWAY. PEDESTRIAN 1'S PARENTS WERE CONTACTED BY TELEPHONE AND RESPONDED TO MERCY MEDICAL CENTER TO MEET PEDESTRIAN 1, WHO WAS TRANSPORTED BY ABBOTT AMBULANCE TO THE MEDICAL CENTER.

A FOLLOW UP WITH PEDESTRIAN 1'S FATHER, CARMAC DEDERT, INDICATED HIS INJURIES WERE DESCRIBED AS "MINOR - BUMPS AND BRUISES" AND HE WAS RELEASED FROM THE MEDICAL CENTER TO THE CUSTODY OF HIS PARENTS.

## 10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME PTN. JASON M. HÖRLACHER	DSN / BADGE NO. 325	BEAT / ZONE 3725	TROOP / DISTRICT / PRECINCT 3
REVIEWING OFFICER NAME SGT. DANIEL M. PHILLIPS	DSN / BADGE NO. 195	REVIEWING OFFICER 2 NAME CAPT. ROBERT A. CATLETT, JR.	DSN / BADGE NO. 193



0160081490

AGENCY NAME AND ORI

MO0953200

GLENDALE POLICE DEPARTMENT  
424 N. SAPPINGTON ROAD  
GLENDALE, MO 63122

LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DRIVER NO. NA NA NA NA	CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No	CRASH CLASSIFICATION PROPERTY DAMAGE ONLY	NO. INJURED NA	NO. KILLED NA	REPORT / CASE / INCIDENT NUMBER 16-2610
NO. VEH. INV. 2	CRASH DATE 11-30-2016	CRASH TIME (MIL.) 0710	NOTIFIED DATE 11-30-2016	TIME NOTIFIED (MIL.) 0714	INVESTIGATION DATE 11-30-2016	TIME ARRIVED (MIL.) 0717
CRASH TYPE <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway	NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision	COLLISION INVOLVING <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian	<input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans. <input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle	DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE <input type="checkbox"/> Front to Front <input checked="" type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side <input type="checkbox"/> Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	

COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.

1. Does this crash involve any of the following?  
1a. A person fatally injured; OR  
1b. A person transported for medical attention; OR  
1c. A vehicle towed due to disabling damage.  
☒ No - No commercial vehicle fields need completion.  
☐ Yes - Go to number 2. →
2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:  
2a. A truck / cargo van with GVWR / GCWR of more than 10,000 lbs; OR  
2b. A motor vehicle with seating for 9 or more including driver; OR  
2c. A vehicle with a hazardous materials placard.  
☐ No - No commercial vehicle fields need completion.  
☐ Yes - Complete Section 7G for appropriate vehicle.

EVIDENTIARY PHOTOS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM NA	AVAILABLE FROM NA
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM NA	AVAILABLE FROM NA

2 - LOCATION	COUNTY ST. LOUIS	MUNICIPALITY GLENDALE	BEAT / ZONE 3795	TRP/DIST/PCT 2	GPS COORDINATES (DD MM SS.S FORMAT) LAT: N 383559.6 LONG: W 902310.8
--------------	---------------------	--------------------------	---------------------	-------------------	---

ON CST SAPPINGTON RD	RDWY. DIR. N	DISTANCE FROM NA Feet	LOCATION <input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At	INTERSECTING CST NANCY CAROL LN
SPEED LIMIT 30	ROAD MAINTAINED BY <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other			SPEED LIMIT 20

TRAFFICWAY <input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane	<input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Other <input type="checkbox"/> Unknown	ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)	ROAD PROFILE <input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)
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INTERSECTION TYPE <input type="checkbox"/> 4-way Intersection <input checked="" type="checkbox"/> T-Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> 5-way / More <input type="checkbox"/> Other (Explain)	ROAD CONDITION <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain)
---	---

ROAD SURFACE <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Brick <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Cobblestone <input type="checkbox"/> Unknown (Explain)	WEATHER CONDITION <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)
---	--

LIGHT CONDITION <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)
---

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input checked="" type="checkbox"/> None
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality

4 - WITNESS <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative
--

NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER
		NA
		NA
		NA
		NA
		NA

5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> Other Pedestrian		
NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER

DATE OF BIRTH	SEX	STRUCK BY VEH #	INJ	TRANS. PORT	SAFETY DEVICES	LOCATION <input type="checkbox"/> On Roadway <input type="checkbox"/> On Sidewalk <input type="checkbox"/> In Driveway Access <input type="checkbox"/> Off Roadway <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> Unknown
---------------	-----	-----------------	-----	-------------	----------------	--

CROSSING ROAD <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown	<input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown	OTHER ACTIONS <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.	<input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic	SCHOOL INFO. <input type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain)
--	---	---	---	--

PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA	ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
--	---	--



NO. 1 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)															PHONE NUMBER																																				
DRIVER LICENSE / ID NUMBER					STATE <b>IL</b>		LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> NA <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown			LIC TYPE <input checked="" type="checkbox"/> Operator Class <b>E</b> <input type="checkbox"/> CDL Class <input type="checkbox"/> Interm / Grad <input type="checkbox"/> NA			<input type="checkbox"/> Permit <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed		MC ENDORSEMENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (Explain)																																				
DATE OF BIRTH		SEX <b>F</b>	SEAT LOC <b>FL</b>	INJ <b>4</b>	TRANSPORT <b>1</b>	EJECTION <b>2</b>	AIR BAG <b>3</b>	SAFETY DEVICES <b>5</b>	VISION OBSTRUCTED <input type="checkbox"/> NA <input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh		<input type="checkbox"/> Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment		<input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh		<input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare		<input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)																																		
PROOF OF INSURANCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Required					INSURANCE COMPANY <b>GEICO</b>					PHONE NO. (Optional)			POLICY NUMBER		<input type="checkbox"/> NA		<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle																																		
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)															PHONE NUMBER																																				
YEAR <b>2005</b>		MAKE <b>NISSAN</b>			MODEL <b>MAXIMA</b>			COLOR <b>BLK</b>		VEH. TYPE <b>1</b>		TOTAL NO. OF OCC. <b>1</b>																																							
LICENSE - PLATE NO.			STATE <b>MO</b>		YEAR <b>2017</b>		VIN		TOWED FROM SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			TOWED DUE TO DIS. DAMAGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																							
VEHICLE DAMAGE (Mark all damaged areas) <input type="checkbox"/> None / No Damage															TOWED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA																																				
INITIAL IMPACT NO: <input type="checkbox"/> NA <b>1</b>															<table border="1" style="width:100%; text-align: center;"> <tr> <td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td> <td>18 - Undercarriage</td> <td>22 - Cargo</td> </tr> <tr> <td>1</td><td>15</td><td>16</td><td>17</td><td>6</td><td></td> <td>19 - Windshield</td> <td>23 - Unknown</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> <td>20 - Burned</td> <td>24 - Other (Explain)</td> </tr> <tr> <td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td> <td>21 - Towed Unit</td> <td></td> </tr> </table>					2	3	4	5	6	7	18 - Undercarriage	22 - Cargo	1	15	16	17	6		19 - Windshield	23 - Unknown							20 - Burned	24 - Other (Explain)	14	13	12	11	10	9	21 - Towed Unit	
2	3	4	5	6	7	18 - Undercarriage	22 - Cargo																																												
1	15	16	17	6		19 - Windshield	23 - Unknown																																												
						20 - Burned	24 - Other (Explain)																																												
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VEHICLE BODY TYPES: Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance																																																			
<table border="0" style="width:100%;"> <tr> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Passenger Car  <input type="checkbox"/> Van (&lt; 9 W/Driver)  <input type="checkbox"/> Passenger Van (9+ W/Driver)  <input type="checkbox"/> Sport Utility Vehicle  <input type="checkbox"/> Limousine (7-8 W/Driver)  <input type="checkbox"/> Limousine (9-15 W/Driver)  <input type="checkbox"/> Motorized Bicycle  <input type="checkbox"/> Pedalcycle  <input type="checkbox"/> To / From School </td> <td style="vertical-align: top;"> <input type="checkbox"/> Small Bus (8-15 W/Driver)  <input type="checkbox"/> Large Bus (16+ W/Driver)  <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <input type="checkbox"/> School Bus  <input type="checkbox"/> Intercity  <input type="checkbox"/> Transit / Commuter  <input type="checkbox"/> Charter / Tour  <input type="checkbox"/> Other </div> </td> <td style="vertical-align: top;"> <input type="checkbox"/> Motorcycle  <input type="checkbox"/> ATV  <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <input type="checkbox"/> 2 Wh  <input type="checkbox"/> 3 Wh  <input type="checkbox"/> 4 Wh  <input type="checkbox"/> 5 Wh / More  <input type="checkbox"/> Unknown </div> </td> <td style="vertical-align: top;"> <input type="checkbox"/> Motor Home  <input type="checkbox"/> Farm Implements  <input type="checkbox"/> Construction Equip. Heavy Mach.  <input type="checkbox"/> Other Vehicle (Code)  <input type="checkbox"/> Cargo Van  <input type="checkbox"/> Pickup  <input type="checkbox"/> Other Heavy Truck  <input type="checkbox"/> Unknown (Explain) </td> <td style="vertical-align: top;"> <input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires  <input type="checkbox"/> Single-unit Truck; 3 or more axles  <input type="checkbox"/> Veh. Pulling Another Unit(s)  <input type="checkbox"/> Truck Tractor With No Units  <input type="checkbox"/> Truck Tractor With One Unit  <input type="checkbox"/> Truck Tractor With Two Units  <input type="checkbox"/> Truck Tractor With Three Units </td> <td style="vertical-align: top;"> <b>GVW / GCW RATING</b>            (Not Licensed Weight)            (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)  <input type="checkbox"/> Less than or equal to 10,000 lbs.  <input type="checkbox"/> 10,001 - 26,000 lbs.  <input type="checkbox"/> Greater than 26,000 lbs.  <input type="checkbox"/> Unknown </td> </tr> </table>															<input checked="" type="checkbox"/> Passenger Car <input type="checkbox"/> Van (< 9 W/Driver) <input type="checkbox"/> Passenger Van (9+ W/Driver) <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School	<input type="checkbox"/> Small Bus (8-15 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <input type="checkbox"/> School Bus  <input type="checkbox"/> Intercity  <input type="checkbox"/> Transit / Commuter  <input type="checkbox"/> Charter / Tour  <input type="checkbox"/> Other </div>	<input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <input type="checkbox"/> 2 Wh  <input type="checkbox"/> 3 Wh  <input type="checkbox"/> 4 Wh  <input type="checkbox"/> 5 Wh / More  <input type="checkbox"/> Unknown </div>	<input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> Cargo Van <input type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires <input type="checkbox"/> Single-unit Truck; 3 or more axles <input type="checkbox"/> Veh. Pulling Another Unit(s) <input type="checkbox"/> Truck Tractor With No Units <input type="checkbox"/> Truck Tractor With One Unit <input type="checkbox"/> Truck Tractor With Two Units <input type="checkbox"/> Truck Tractor With Three Units	<b>GVW / GCW RATING</b> (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) <input type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown																															
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EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA										CONTRIBUTING TRAFFIC CONDITIONS <input type="checkbox"/> NA																																									
<input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B") → <input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated										<input checked="" type="checkbox"/> Congestion Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Unknown (Explain)																																									
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)																																																			
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown																																																			
1   34																																																			
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None																																																			
<table border="0" style="width:100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Vehicle Defects (Explain)  <input type="checkbox"/> Speed - Exceeded Limit  <input type="checkbox"/> Too Fast For Conditions  <input type="checkbox"/> Violation Signal / Sign  <input checked="" type="checkbox"/> Failed To Yield  <input type="checkbox"/> Alcohol  <input type="checkbox"/> Drugs </td> <td style="vertical-align: top;"> <input type="checkbox"/> Vision Obstructed  <input type="checkbox"/> Driver Fatigue / Asleep  <input type="checkbox"/> Improper Signal  <input type="checkbox"/> Improper Backing  <input type="checkbox"/> Improper Turn  <input type="checkbox"/> Improper Passing  <input type="checkbox"/> Improperly Parked </td> <td style="vertical-align: top;"> <input type="checkbox"/> Failed To Dim Headlights  <input type="checkbox"/> Failed To Use Lights  <input type="checkbox"/> Following Too Close  <input type="checkbox"/> Wrong Side (Not Passing)  <input type="checkbox"/> Wrong Side (One-Way)  <input type="checkbox"/> Physical Impairment (Explain)  <input type="checkbox"/> Improper Start From Park </td> <td style="vertical-align: top;"> <input type="checkbox"/> Improper Towing / Pushing  <input type="checkbox"/> Improperly Stopped On Roadway  <input type="checkbox"/> Improper Lane Usage / Change  <input type="checkbox"/> Overcorrected  <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior  <input type="checkbox"/> Failed To Secure Load / Improper Loading  <input type="checkbox"/> Animal(s) In Roadway </td> <td style="vertical-align: top;"> <input type="checkbox"/> Object / Obstruction in Roadway  <input type="checkbox"/> Distracted / Inattentive (Designate Type)  <input type="checkbox"/> Unknown (Explain)  <input type="checkbox"/> Other (Explain) </td> </tr> </table>															<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Violation Signal / Sign <input checked="" type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs	<input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Overcorrected <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Animal(s) In Roadway	<input type="checkbox"/> Object / Obstruction in Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)																																
<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Violation Signal / Sign <input checked="" type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs	<input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Overcorrected <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Animal(s) In Roadway	<input type="checkbox"/> Object / Obstruction in Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)																																															
7E. WORK ZONE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown																																																			
TRAFFIC CONTROL <input type="checkbox"/> None <input type="checkbox"/> Unknown																																																			
<table border="0" style="width:100%;"> <tr> <td style="vertical-align: top;">           Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)            Other: <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input checked="" type="checkbox"/> Signal On School Bus            Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain) </td> <td style="vertical-align: top;"> <b>CONTROL MALFUNCTIONING / INOPERATIVE / MISSING</b>  <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No  <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> NA </td> </tr> </table>															Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain) Other: <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input checked="" type="checkbox"/> Signal On School Bus Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)	<b>CONTROL MALFUNCTIONING / INOPERATIVE / MISSING</b> <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> NA																																			
Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain) Other: <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input checked="" type="checkbox"/> Signal On School Bus Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)	<b>CONTROL MALFUNCTIONING / INOPERATIVE / MISSING</b> <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> NA																																																		
7F. OCCUPANTS - NAME (Last, First, MI)																																																			
DATE OF BIRTH MM-DD-YYYY																																																			
SEX																																																			
SEAT LOC																																																			
INJ																																																			
TRANSPORT																																																			
EJECTION																																																			
AIR BAG																																																			
SAFETY DEVICES																																																			
PHONE NUMBER																																																			
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.																																																			
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip)																																																			
PHONE NUMBER																																																			
SAO																																																			
COMMERCIAL / NON-COMMERCIAL <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle <input type="checkbox"/> Not In Commerce - Rental Vehicle																																																			
MC / MX / ICC NO.																																																			
USDOT NO.																																																			
CARGO BODY TYPE <input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/>																																																			

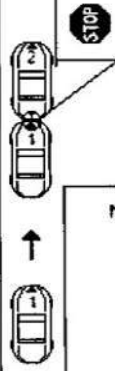
NO. 2		7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER										
DRIVER LICENSE / ID NUMBER		STATE MO		LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> NA <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown		LIC TYPE <input checked="" type="checkbox"/> Operator Class E <input type="checkbox"/> CDL Class <input type="checkbox"/> NA <input type="checkbox"/> Intern / Grad		<input type="checkbox"/> Permit <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed		MC ENDORSEMENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (Explain)												
DATE OF BIRTH 08/18/1962		SEX F	SEAT LOC FL	INJ 4	TRANS-PORT 1	EJEC-TION 2	AIR BAG 3	SAFETY DEVICES 5	VISION OBSTRUCTED <input type="checkbox"/> NA <input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh		<input type="checkbox"/> Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment		<input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh <input type="checkbox"/> Glare		<input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Other (Explain)							
PROOF OF INSURANCE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		INSURANCE COMPANY AMERICAN FAMILY				PHONE NO. (Optional)		POLICY NUMBER		<input type="checkbox"/> NA <input checked="" type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle												
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER										
YEAR 2015		MAKE NISSAN		MODEL VERSA		COLOR SIL		VEH. TYPE 1		TOTAL NO. OF OCC. 1												
LICENSE - PLATE NO.		STATE MO		YEAR 2017		VIN		TOWED FROM SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		TOWED DUE TO DIS. DAMAGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
VEHICLE DAMAGE (Mark all damaged areas) <input type="checkbox"/> None / No Damage												TOWED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA										
INITIAL IMPACT NO: <input type="checkbox"/> NA 8												18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo 23 - Unknown 24 - Other (Explain)										
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance												GVW / GCWV RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) <input type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown										
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EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B")												CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> Congestion Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Unknown (Explain)										
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES SEQUENCE OF EVENTS CODE(S) 12   34												ALCOHOL USE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" type="checkbox"/> None												DISTRACTED / INATTENTIVE CODE(S) (See Codes in Section 8)										
<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs												<input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked		<input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Start From Park		<input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Overcorrected <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Animal(s) In Roadway		<input type="checkbox"/> Object / Obstruction in Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)				
7E. WORK ZONE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown												CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <input type="checkbox"/> Yes (Explain) <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Unknown										
7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip)												DATE OF BIRTH MM-DD-YYYY		SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER	
7G. COMMERCIAL MOTOR VEHICLE MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip)												DATE OF BIRTH MM-DD-YYYY		SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER	
7H. COMMERCIAL / NON-COMMERCIAL <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle <input type="checkbox"/> Not In Commerce - Rental Vehicle												MC / MX / ICC NO.		USDOT NO.								
CARGO BODY TYPE <input type="checkbox"/> Enclosed Box <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Flatbed <input type="checkbox"/> Dump <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Log <input type="checkbox"/> Vehicle Towing Another Veh. <input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other <input type="checkbox"/> Unknown												HAZARDOUS MATERIALS PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		4-DIGIT NO.		CLASS	HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	HAZARDOUS MATERIAL NAME			

6. COLLISION DIAGRAM Compass Direction Before Crash Event(s) (Circle One) V1 N E S W U V2 N E S W U V3 N E S W U V4 N E S W U V5 N E S W U V6 N E S W U

INDICATE NORTH



N. SAPPINGTON RD.



POINT OF IMPACT

NANCY CAROLL LN.

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

## B - CODES

SEAT LOCATION XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable	<table border="1"> <tr><td>FR</td><td>SR</td><td>TR</td></tr> <tr><td>FC</td><td>SC</td><td>TC</td></tr> <tr><td>FL</td><td>SL</td><td>TL</td></tr> </table>	FR	SR	TR	FC	SC	TC	FL	SL	TL	INJURY	TRANSPORTED (For Medical Treatment)	EJECTION	AIR BAG	SAFETY DEVICES
		FR	SR	TR											
FC	SC	TC													
FL	SL	TL													
1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	1. No 2. EMS 3. Other U. Unknown N. NA	1. NA 2. No 3. Partially 4. Totally U. Unknown	1. None / NA 2. Not Deployed 3. Removed 4. Deployed - Front 5. Deployed - Side 6. Deployed - Curtain 7. Deployed - Other (Knee, Air Belt, etc.)	9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet	10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable									

## VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk ["\*"] require additional coding)

- |                       |                          |                             |                                       |  |   |
|-----------------------|--------------------------|-----------------------------|---------------------------------------|--|---|
| 1. Going Straight     | 10. Start From Parked    | 19. Airborne                | 28. Separation Of Units               | 37. Collision Inv. Other Object (Explain)                                  | 44. Thrown/Falling Object   |
| 2. Overtaking         | 11. Backing              | 20. Ran Off Roadway - Right | 29. Returned To Roadway               | 38. Other Non-collision  | 45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV |
| 3. Making Right Turn  | 12. Stopped In Traffic   | 21. Ran Off Roadway - Left  | 30. Collision Inv. Pedestrian         | 39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane                      | 46. Ran Off Roadway - Other (Explain)                                 |
| 4. Right Turn on Red  | 13. Parked               | 22. Overturn / Rollover     | 31. Collision Inv. Bicycle/Pedalcycle | 40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation | 47. Cross Separator   |
| 5. Making Left Turn   | 14. Changing Lanes       | 23. Fire / Explosion        | 32. Collision Inv. Railway Veh.       | 41. Collision Inv. Working MV  |   |
| 6. Making U-Turn      | 15. Avoiding             | 24. Immersion               | 33. Collision Inv. Animal ("*)        | 42. Downhill Runaway   |   |
| 7. Skidding / Sliding | 16. Cross Median         | 25. Jackknife               | 34. Collision Inv. MV in Transport    | 43. Fell/Jumped From MV  |   |
| 8. Slowing / Stopping | 17. Cross Center Of Road | 26. Cargo Loss / Shift      | 35. Collision Inv. Parked MV          |  |   |
| 9. Start In Traffic   | 18. Cross Road           | 27. Equipment Failure       | 36. Collision Inv. Fixed Object ("*)  |  |   |

## ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

- |          |                 |         |                  |            |
|----------|-----------------|---------|------------------|------------|
| 60. Deer | 61. Farm Animal | 62. Dog | 63. Other Animal | U. Unknown |
|----------|-----------------|---------|------------------|------------|

## FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

- |   |   |                                       |                                 |                               |
|---|---|---------------------------------------|---------------------------------|-------------------------------|
| 20. Tree / Stump (Standing)                     | 26. Culvert                             | 32. Building                          | 38. Bridge Rail                 | 44. Wall                      |
| 21. Embankment / Driveway / Ground / Rock Bluff | 27. Highway Traffic Sign Post / Support | 33. Traffic Signal Support            | 39. Guardrail End               | 45. Cable Barrier             |
| 22. Guardrail Face                              | 28. Bridge Pier / Abutment / Support    | 34. Impact Attenuator / Crash Cushion | 40. Other Traffic Barrier       | 46. Bridge Overhead Structure |
| 23. Utility Pole                                | 29. Curb                                | 35. Fire Hydrant                      | 41. Overhead Sign Support       | 47. Overhead Line / Cable     |
| 24. Fence                                       | 30. Mail Box                            | 36. Other (Explain)                   | 42. Ditch                       | U. Unknown                    |
| 25. Street Light Support                        | 31. Concrete Traffic Barrier            | 37. Bridge Parapet End                | 43. Other Post / Pole / Support |                               |

## DISTRACTION / INATTENTION CODES

- |                                     |   |                      |  |
|-------------------------------------|---|----------------------|--|
| 1. External Distraction             | 5. Communication Device - Hand-held           | 9. Eating / Drinking | 13. Computer Equipment / Electronic Games / etc. |
| 2. Passengers                       | 6. Communication Device - Hands Free          | 10. Reading          | 14. Adjusting Vehicle Controls                   |
| 3. Stereo / Audio / Video Equipment | 7. Communication Device - Texting / E-mailing | 11. Tobacco Use      | 15. Other (Explain)                              |
| 4. Navigation Device                | 8. Communication Device - Web Browsing        | 12. Grooming         |  |

## VEHICLE TYPE CODES

- |                               |                          |  |
|-------------------------------|--------------------------|--|
| 1. Motor Vehicle In Transport | 3. Working Motor Vehicle | 5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes |
| 2. Parked Motor Vehicle       | 4. Pedalcycle            | U. Unknown   |

## OTHER VEHICLE CODES

- |                                  |               |  |                      |
|----------------------------------|---------------|--|----------------------|
| 1. Riding Mower / Garden Tractor | 3. Snowmobile | 5. Animal Drawn Vehicle / Animal Ridden For Transportation | 6. Low Speed Vehicle |
| 2. Golf Cart                     | 4. Forklift   |  | 7. Other (Explain)   |

## 9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

VEHICLE #2 WAS STOPPED IN TRAFFIC ON NORTHBOUND N. SAPPINGTON ROAD AT NANCY CAROL LANE, WHILE A SCHOOL BUS (WITH STOP SIGN AND SIGNALS ACTIVATED), FURTHER NORTH ON N. SAPPINGTON ROAD, PICKED UP AWAITING STUDENTS. DRIVER #2 STATED WHILE SHE WAS STOPPED THE FRONT OF VEHICLE #1 IMPACTED THE REAR OF HER VEHICLE.

DRIVER #1 STATED WHILE SHE WAS IN "STOP AND GO" TRAFFIC ON NORTHBOUND N. SAPPINGTON ROAD, SHE DID NOT SEE THAT THE VEHICLE IN FRONT OF HER (VEHICLE #2) HAD COME TO A STOP, AND COULD NOT APPLY HER BRAKES FAST ENOUGH TO AVOID A COLLISION.

DRIVER #2 COMPLAINED OF SORENESS IN HER NECK AREA, WHILE DRIVER #1 COMPLAINED OF SOME PAIN IN BOTH OF HER KNEES. BOTH DRIVERS REFUSED HAVING THE FIRE DEPARTMENT RESPOND FOR MEDICAL ATTENTION.

DRIVER #2 PROVIDED HER INSURANCE COMPANY AND POLICY NUMBER VERBALLY, BUT COULD NOT PROVIDE ACTUAL PROOF OF INSURANCE (ALTHOUGH I ADVISED HER SHE COULD PROVIDE PROOF VIA ELECTRONIC MAIL OR FAX, I HAD NOT RECEIVED IT BY THE TIME OF THIS REPORT BEING WRITTEN).

NO ARRESTS OR SUMMONSES ISSUED.

## 10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME SGT. DANIEL M. PHILLIPS	DSN / BADGE NO. 195	BEAT / ZONE 3795	TROOP / DISTRICT / PRECINCT 2
REVIEWING OFFICER NAME CAPT. ROBERT A. CATLETT, JR.	DSN / BADGE NO. 193	REVIEWING OFFICER 2 NAME CHIEF JEFFREY BEATON	DSN / BADGE NO. 320





0170010517

AGENCY NAME AND ORI

MO0953200

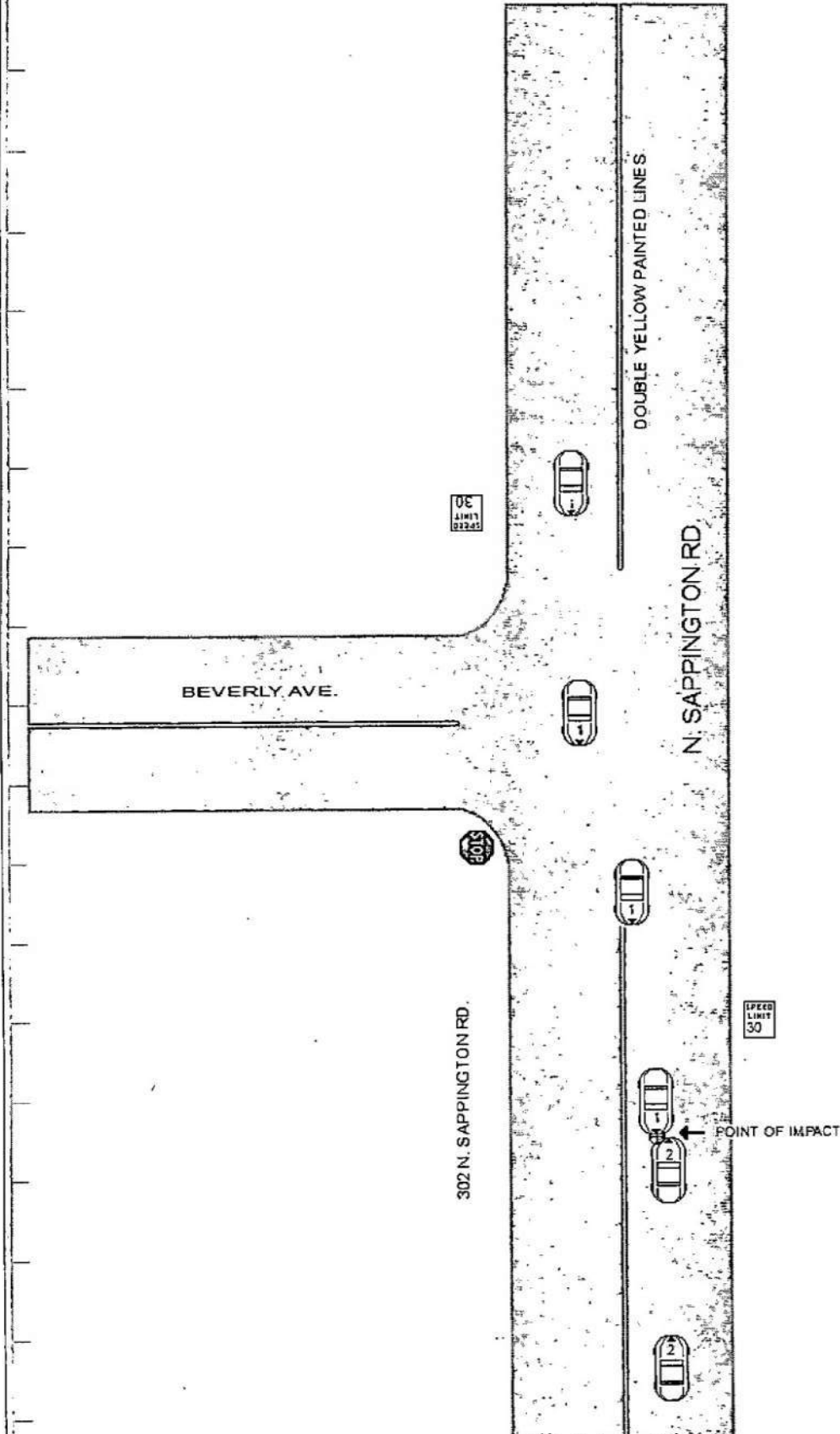
GLENDALE POLICE DEPARTMENT  
424 N. SAPPINGTON ROAD  
GLENDALE, MO 63122

LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DRIVER NO. NA NA NA NA		CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No		CRASH CLASSIFICATION <input type="checkbox"/>		PROPERTY DAMAGE ONLY <input type="checkbox"/>		NO. INJURED 2		NO. KILLED NA		REPORT / CASE / INCIDENT NUMBER 17-0906	
NO. VEH. INV. 2		CRASH DATE 05-04-2017		CRASH TIME (MIL.) 1628		NOTIFIED DATE 05-04-2017		TIME NOTIFIED (MIL.) 1629		INVESTIGATION DATE 05-04-2017		TIME ARRIVED (MIL.) 1633		INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ROADWAY <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway		NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife		Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision		COLLISION INVOLVING <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian		Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans. <input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE <input checked="" type="checkbox"/> Front to Front <input type="checkbox"/> Angle <input type="checkbox"/> Front to Rear <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Rear to Side <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)					
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.															
1. Does this crash involve any of the following? 1a. A person fatally injured; OR 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage. <input type="checkbox"/> No - No commercial vehicle fields need completion. <input checked="" type="checkbox"/> Yes - Go to number 2. →															
2. Examine each vehicle to determine if it is a commercial vehicle based upon the following: 2a. A truck / cargo van with GVWR / GCWVR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard. <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.															
EVIDENTIARY PHOTOS TAKEN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		BY WHOM SGT B. MELUGIN										AVAILABLE FROM <input checked="" type="checkbox"/> Investigating Agency GLENDALE P.D.			
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY WHOM NA										AVAILABLE FROM <input type="checkbox"/> Investigating Agency NA			
2 - LOCATION															
COUNTY 095 ST. LOUIS		MUNICIPALITY GLENDALE		BEAT / ZONE 3759		TRP/DIST/PCT 01		GPS COORDINATES (DD MM SS.S FORMAT) LAT: N 383513.4 LONG: W 902311.6							
ON CST N SAPPINGTON RD		RDWY. DIR. N		DISTANCE FROM 75 Feet		LOCATION <input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At		INTERSECTING CST BEVERLY AVE SPEED LIMIT 25 INT. DIR. NA GEO-CODE 328.0							
TRAFFICWAY <input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane		<input type="checkbox"/> Unknown <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other		<input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier		<input type="checkbox"/> Other <input type="checkbox"/> Unknown		ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)		ROAD PROFILE <input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)					
INTERSECTION TYPE <input checked="" type="checkbox"/> NA <input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)				ROAD CONDITION <input type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)											
ROAD SURFACE <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)				WEATHER CONDITION <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)											
LIGHT CONDITION <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)															
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input type="checkbox"/> None															
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipality CITY OF GLENDALE, 424 N. SAPPINGTON ROAD, GLENDALE, MO 63122 "NO PARKING THIS SIDE OF THE STREET" SIGN.															
4 - WITNESS <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses in Narrative															
NAME		ADDRESS (Street, City, State, Zip)										PHONE NUMBER			
												NA			
												NA			
												NA			
												NA			
												NA			
5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> Other Pedestrian															
NO.		NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER			
DATE OF BIRTH		SEX		STRUCK BY VEH #:		INJ.		TRANS. PORT		SAFETY DEVICES		LOCATION <input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown			
CROSSING ROAD <input type="checkbox"/> NA <input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown		OTHER ACTIONS <input type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Unknown <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh. <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic										SCHOOL INFO. <input type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain)			
PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)										DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA		ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			



6. COLLISION DIAGRAM Compass Direction Before Crash Event(s) (Circle One) V1 (N) E S W U V2 (S) E S W U V3 N E S W U V4 N E S W U V5 N E S W U V6 N E S W U

INDICATE NORTH  
↓



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS														
NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER		
1														
DRIVER LICENSE / ID NUMBER		STATE	LIC STATUS	<input checked="" type="checkbox"/> Valid	<input type="checkbox"/> Expired	LIC TYPE	<input checked="" type="checkbox"/> Operator Class	<input type="checkbox"/> Permit	<input type="checkbox"/> Unknown (Explain)	MC ENDORSEMENT				
		MO	<input type="checkbox"/> NA	<input type="checkbox"/> Susp / Rev / Denied	<input type="checkbox"/> Disqual CDL	<input type="checkbox"/> NA	<input type="checkbox"/> CDL Class	<input type="checkbox"/> MC Only	<input type="checkbox"/> Unlicensed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA				
				<input type="checkbox"/> Canceled / Oth Invalid	<input type="checkbox"/> Unknown		<input type="checkbox"/> Interm / Grad			<input type="checkbox"/> Unknown (Explain)				
DATE OF BIRTH	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	VISION OBSTRUCTED	<input type="checkbox"/> Not Obstructed	<input type="checkbox"/> Trees / Brush	<input type="checkbox"/> Sign	<input type="checkbox"/> Moving Veh	<input type="checkbox"/> Other (Explain)	
	M	FL	2	2	2	5	2	2	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Windshield	<input type="checkbox"/> Hillcrest	<input type="checkbox"/> Stopped Veh	<input type="checkbox"/> Unknown (Explain)	
								<input type="checkbox"/> Load on Veh	<input type="checkbox"/> Embankment	<input type="checkbox"/> Parked Veh	<input type="checkbox"/> Glare			
PROOF OF INSURANCE		INSURANCE COMPANY				PHONE NO. (Optional)		POLICY NUMBER		<input type="checkbox"/> NA		<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		FARMERS												
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER		
1														
YEAR	MAKE	MODEL			COLOR	VEH. TYPE	TOTAL NO. OF OCC.							
2008	AUDI	A3			BLK	1	1							
LICENSE - PLATE NO.	STATE	YEAR	VIN	TOWED FROM SCENE		TOWED DUE TO DIS. DAMAGE								
	MO	2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
VEHICLE DAMAGE (Mark all damaged areas)				<input type="checkbox"/> None / No Damage		TOWED BY <input type="checkbox"/> Unknown <input type="checkbox"/> NA								
INITIAL IMPACT NO:				14		MCNAMARA'S TOWING								
						814-B S. LINDBERGH								
						ST. LOUIS, MO 63131								
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance														
<input checked="" type="checkbox"/> Passenger Car <input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Motorcycle														
<input type="checkbox"/> Van (< 9 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> ATV														
<input type="checkbox"/> Passenger Van (9+ W/Driver) <input type="checkbox"/> School Bus <input type="checkbox"/> 2 Wh														
<input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Intercity <input type="checkbox"/> 3 Wh														
<input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> 4 Wh														
<input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Charter / Tour <input type="checkbox"/> 5 Wh / More														
<input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Other <input type="checkbox"/> Unknown														
<input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School														
<input type="checkbox"/> Motor Home <input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires														
<input type="checkbox"/> Farm Implements <input type="checkbox"/> Single-unit Truck; 3 or more axles														
<input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Veh. Pulling Another Unit(s)														
<input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> (Does not apply to Truck Tractors)														
<input type="checkbox"/> Cargo Van <input type="checkbox"/> Truck Tractor With No Units														
<input type="checkbox"/> Pickup <input type="checkbox"/> Truck Tractor With One Unit														
<input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Truck Tractor With Two Units														
<input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Truck Tractor With Three Units														
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA														
<input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> A. Emergency Vehicle on Emergency Run														
<input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B") <input type="checkbox"/> B. Stationary With Emergency Equip. Activated														
CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA														
<input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Other Incident Ahead														
<input type="checkbox"/> Crash Ahead <input type="checkbox"/> Unknown (Explain)														
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)														
SEQUENCE OF EVENTS CODES: <input type="checkbox"/> Unknown														
1 17 34														
ANIMAL CODE(S)														
FIXED OBJECT CODE(S)														
ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> NA														
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None														
<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Failed To Dim Headlights														
<input type="checkbox"/> Speed - Exceeded Limit <input checked="" type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Failed To Use Lights														
<input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Improper Signal <input type="checkbox"/> Following Too Close														
<input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Improper Backing <input type="checkbox"/> Wrong Side (Not Passing)														
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Improper Turn <input type="checkbox"/> Wrong Side (One-Way)														
<input type="checkbox"/> Alcohol <input type="checkbox"/> Improper Passing <input type="checkbox"/> Physical Impairment (Explain)														
<input type="checkbox"/> Drugs <input type="checkbox"/> Improperly Parked <input type="checkbox"/> Improper Start From Park														
<input type="checkbox"/> Improper Towing / Pushing														
<input type="checkbox"/> Improperly Stopped On Roadway														
<input type="checkbox"/> Improper Lane Usage / Change														
<input type="checkbox"/> Overcorrected														
<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior														
<input type="checkbox"/> Failed To Secure Load / Improper Loading														
<input type="checkbox"/> Animal(s) In Roadway														
<input type="checkbox"/> Object / Obstruction in Roadway														
<input checked="" type="checkbox"/> Distracted / Inattentive (Designate Type)														
<input type="checkbox"/> Unknown (Explain)														
<input type="checkbox"/> Other (Explain)														
DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA														
(See Codes in Section 8)														
5														
7E. WORK ZONE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown														
TRAFFIC CONTROL <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown														
Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow														
<input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)														
Workers Present <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted														
<input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus														
<input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device														
<input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)														
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <input type="checkbox"/> Yes (Explain) <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA														
OCCUPANTS - NAME (Last, First, MI)														
7F. ADDRESS (Street, City, State, Zip)														
DATE OF BIRTH MM-DD-YYYY														
SEX														
SEAT LOC														
INJ														
TRANS-PORT														
EJEC-TION														
AIR BAG														
SAFETY DEVICES														
PHONE NUMBER														
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.														
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO														
PHONE NUMBER <input type="checkbox"/> SAO														
COMMERCIAL / NON-COMMERCIAL <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle														
<input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Rental Vehicle														
MC / MX / ICC NO.														
USDOT NO.														
CARGO TYPE <input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing Another Veh. <input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other														
<input type="checkbox"/> Cargo Tank <input type="checkbox"/> Dump <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log														
HAZARDOUS MATERIALS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown														
PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown														
4-DIGIT NO.														
CLASS														
HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown														
HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown														
HAZARDOUS MATERIAL NAME														



## 8 - CODES

SEAT LOCATION	FR SR TR	INJURY	TRANSPORTED (For Medical Treatment)	EJECTION	AIR BAG	SAFETY DEVICES
XX - Not Known	FC SC TC	1. Fatal	1. No	1. NA	1. None / NA	1. None
B - Pedalcycle	FL SL TL	2. Disabling	2. EMS	2. No	3. Not Deployed	2. Not Used
M - Motorcycle		3. Evident -	3. Other	3. Partially	4. Removed	3. Shoulder Belt Only
CP - Commercial Passenger		4. Probable -	U. Unknown	4. Totally	5. Deployed - Front	4. Lap Belt Only
OE - Occupant - Enclosed Load Area		5. None Apparent	N. NA	U. Unknown	6. Deployed - Side	5. Shoulder and Lap Belt
OU - Occupant - Unenclosed Load Area		U. Unknown			7. Deployed - Curtain	7. DOT Compliant
RC - Rail Crew		N. NA			8. Deployed - Other (Knee, Air Belt, etc.)	MC Helmet
SV - Other (Explain in Narrative)						U. Use Unknown
NA - Not Applicable						N. Not Applicable

## VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [\*\*] require additional coding)

1. Going Straight	10. Start From Parked	19. Airborne	28. Separation Of Units	37. Collision Inv. Other Object (Explain)	44. Thrown/Falling Object
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway	38. Other Non-collision	45. Struck By Falling, Shifting Cargo,
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian	39. Collision Inv. Bicycle/Pedalcycle	Object Set In Motion By Own MV
4. Right Turn on Red	13. Parked	22. Overtake / Rollover	31. Collision Inv. Bicycle/Pedalcycle	In Bicycle Lane	46. Ran Off Roadway - Other (Explain)
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.	40. Collision Inv. Animal Drawn Vehicle /	47. Cross Separator
6. Making U-Turn	15. Avoiding	24. Immersion	33. Collision Inv. Animal (**)	Animal Ridden For Transportation	
7. Skidding / Sliding	16. Cross Median	25. Jackknife	34. Collision Inv. MV in Transport	41. Collision Inv. Working MV	
8. Slowing / Stopping	17. Cross Center Of Road	26. Cargo Loss / Shift	35. Collision Inv. Parked MV	42. Downhill Runaway	
9. Start In Traffic	18. Cross Road	27. Equipment Failure	36. Collision Inv. Fixed Object (**)	43. Fell/Jumped From MV	

## ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

60. Deer	61. Farm Animal	62. Dog	63. Other Animal	U. Unknown
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## FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

20. Tree / Stump (Standing)	26. Culvert	32. Building	38. Bridge Rail	44. Wall
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End	45. Cable Barrier
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier	46. Bridge Overhead Structure
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support	47. Overhead Line / Cable
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch	U. Unknown
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support	

## DISTRACTION / INATTENTION CODES

1. External Distraction	5. Communication Device - Hand-held	9. Eating / Drinking	13. Computer Equipment / Electronic Games / etc.
2. Passengers	6. Communication Device - Hands Free	10. Reading	14. Adjusting Vehicle Controls
3. Stereo / Audio / Video Equipment	7. Communication Device - Texting / E-mailing	11. Tobacco Use	15. Other (Explain)
4. Navigation Device	8. Communication Device - Web Browsing	12. Grooming	

## VEHICLE TYPE CODES

1. Motor Vehicle In Transport	3. Working Motor Vehicle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes
2. Parked Motor Vehicle	4. Pedalcycle	U. Unknown

## OTHER VEHICLE CODES

1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transportation	6. Low Speed Vehicle
2. Golf Cart	4. Forklift		7. Other (Explain)

## 9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

UPON ARRIVAL, I OBSERVED VEHICLE #2, AT REST, IN FRONT OF 308 N. SAPPINGTON ROAD WITH HEAVY FRONT END DAMAGE. IT WAS FACING IN A SOUTHWEST DIRECTION ACROSS BOTH THE SOUTH AND NORTHBOUND LANES OF N. SAPPINGTON ROAD. DRIVER #2 WAS STILL SEATED IN THE DRIVER'S SEAT WHILE BEING TREATED BY MEDICS FROM THE GLENDALE FIRE DEPARTMENT #1414 AND ABBOTT AMBULANCE FOR HER EXTENSIVE INJURIES. I ASKED DRIVER #2 HOW THE ACCIDENT HAPPENED. DRIVER #2 SAID SHE JUST LEFT WORK AND WAS DRIVING SOUTH ON N. SAPPINGTON ROAD. DRIVER #2 SAID SHE WAS DRIVING BELOW THE POSTED SPEED LIMIT DUE TO THE HEAVY RAIN AND WET ROAD CONDITIONS. DRIVER #2 SAID SHE OBSERVED VEHICLE #1 TRAVELING NORTH ON N. SAPPINGTON ROAD AND SUDDENLY CROSS OVER INTO THE SOUTHBOUND LANE OF N. SAPPINGTON ROAD AT A HIGH RATE OF SPEED. DRIVER #2 SAID SHE SAW VEHICLE #1 CROSS OVER THE CENTER LINE, BUT SHE HAD NO TIME TO AVOID A COLLISION WITH VEHICLE #1. DRIVER #2 WAS TREATED AT THE SCENE FOR INJURIES AND TRANSPORTED TO MERCY HOSPITAL'S EMERGENCY ROOM.

I OBSERVED VEHICLE #1, AT REST, IN FRONT OF 302 N. SAPPINGTON FACING IN A NORTHWESTERLY DIRECTION IN THE SOUTHBOUND LANE OF N. SAPPINGTON ROAD JUST NORTH OF BEVERLY AVENUE. VEHICLE #1 HAD EXTENSIVE FRONT END DAMAGE. I SPOKE TO DRIVER #1 WHO WAS BEING TREATED BY A MEMBER OF THE GLENDALE FIRE DEPARTMENT. DRIVER #1 HAD A DEEP LACERATION ON HIS SCALP FROM IT HITTING THE WINDSHIELD. PIECES OF DRIVER #1'S HAIR WAS OBSERVED STILL EMBEDDED IN THE WINDSHIELD. I ASKED DRIVER #1 HOW THE ACCIDENT HAPPENED. IN THE PRESENCE OF GLENDALE FIRE CAPTAIN CURTIS VANGAASBEEK, DRIVER #1 SAID HE WAS USING HIS CELLULAR TELEPHONE AND WAS DISTRACTED BY IT PRIOR TO THE ACCIDENT. I ASKED DRIVER #1 IF HE HAD ANY MEDICAL CONDITIONS. HE SAID HE HAD NARCOLEPSY AND TOOK HIS PRESCRIBED MEDICATION FOR IT THIS MORNING. DRIVER #1 ALSO ADMITTED TO BEING VERY TIRED FROM WORK AND MAY HAVE "DOSED OFF". DRIVER #1 WAS TRANSPORTED TO MERCY HOSPITAL EMERGENCY ROOM.

BOTH VEHICLES HAD TO BE TOWED FROM THE ACCIDENT SCENE.

## 10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
PTN. MARK E. MCDANIEL	259	01	3759
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
SGT. BRYAN K. MELUGIN	323	CHIEF JEFFREY BEATON	320



11. NARRATIVE / STATEMENTS CONTINUATION (If additional room is necessary use Narrative / Statements Continuation / Supplement)

BASED ON THE DRIVER #1 ADMISSION AND THE PHYSICAL EVIDENCE, I ISSUED HIM THE FOLLOWING GLENDALE MUNICIPAL SUMMONSES:

1. IMPROPER LANE USE - SUMMONS #140586217
2. FAIL TO WEAR SEATBELT - SUMMONS #140586218

BOTH VEHICLES WERE TOWED FROM THE SCENE DUE TO DISABLING DAMAGE.

ANY INFORMATION LEARNED OR DISCOVERED, WILL BE ADDED IN A SUPPLEMENT REPORT.





0170036580

AGENCY NAME AND ORI

GLENDALE POLICE DEPARTMENT  
424 N. SAPPINGTON ROAD  
GLENDALE, MO 63122

MO0953200

LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DRIVER NO. NA/NA/NA/NA	CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No	CRASH CLASSIFICATION <input type="checkbox"/> PROPERTY DAMAGE ONLY <input type="checkbox"/> NO INJURED <input checked="" type="checkbox"/> NO KILLED	REPORT / CASE / INCIDENT NUMBER 17-1183			
NO. VEH. INV. 3	CRASH DATE 06-05-2017	CRASH TIME (MIL.) 0808	NOTIFIED DATE 06-05-2017	TIME NOTIFIED (MIL.) 0810	INVESTIGATION DATE 06-05-2017	TIME ARRIVED (MIL.) 0812	INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ROADWAY <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway	NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision	COLLISION INVOLVING <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian	Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans. <input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle	DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE <input type="checkbox"/> Front to Front <input type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side <input checked="" type="checkbox"/> Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)		

COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA: Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.

1. Does this crash involve any of the following?  
1a. A person fatally injured; OR  
1b. A person transported for medical attention; OR  
1c. A vehicle towed due to disabling damage. ☐ No - No commercial vehicle fields need completion. ☒ Yes - Go to number 2. →
2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:  
2a. A truck / cargo van with GVWR / GCWR of more than 10,000 lbs; OR  
2b. A motor vehicle with seating for 9 or more including driver; OR  
2c. A vehicle with a hazardous materials placard. ☒ No - No commercial vehicle fields need completion. ☐ Yes - Complete Section 7G for appropriate vehicle.

EVIDENTIARY PHOTOS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM NA	AVAILABLE FROM NA	<input type="checkbox"/> Investigating Agency
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM NA	AVAILABLE FROM NA	<input type="checkbox"/> Investigating Agency

2 - LOCATION	
COUNTY 095 ST. LOUIS	MUNICIPALITY 1030 GLENDALE
BEAT / ZONE 3724	TRP/DIST/PCT 2
GPS COORDINATES (DD MM SS.S FORMAT) LAT: N 383606.2 LONG: W 902310.84	
ON CST SAPPINGTON RD	RDWY. DIR. S
DISTANCE FROM 75 Feet	LOCATION CST JOANNA AVE
SPEED LIMIT 30	ROAD MAINTAINED BY <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other
TRAFFICWAY <input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Two-Way; Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Other <input type="checkbox"/> Unknown	ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)
ROAD PROFILE <input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)	

INTERSECTION TYPE <input checked="" type="checkbox"/> NA <input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)	ROAD CONDITION <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)
--	---

ROAD SURFACE <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)	WEATHER CONDITION <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)
---	--

LIGHT CONDITION <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)
--

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input checked="" type="checkbox"/> None
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality

4 - WITNESS <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative		
NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER
		NA
		NA
		NA
		NA
		NA

5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> Other Pedestrian		
NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER

DATE OF BIRTH	SEX	STRUCK BY VEH #	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION <input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown
---------------	-----	-----------------	-----	------------	----------------	--

CROSSING ROAD <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown	<input type="checkbox"/> NA <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown	OTHER ACTIONS <input type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.	<input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic	SCHOOL INFO. <input type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain)
--	--	--	--	---

PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA	ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--	--

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)															PHONE NUMBER						
DRIVER LICENSE / ID NUMBER					STATE MO		LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown					LIC TYPE <input checked="" type="checkbox"/> Operator Class F <input type="checkbox"/> Permit <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed <input type="checkbox"/> CDL Class <input type="checkbox"/> Interm / Grad <input type="checkbox"/> NA					MC ENDORSEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)				
DATE OF BIRTH 07-29-1968			SEX M	SEAT LOC FL	INJ 5	TRANS-PORT 1	EJEC-TION 2	AIR BAG 3	SAFETY DEVICES 5	VISION OBSTRUCTED <input type="checkbox"/> NA		<input type="checkbox"/> Not Obstructed	<input type="checkbox"/> Trees / Brush	<input type="checkbox"/> Sign	<input type="checkbox"/> Moving Veh	<input type="checkbox"/> Other (Explain)					
PROOF OF INSURANCE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required			INSURANCE COMPANY STATE FARM					PHONE NO. (Optional)			POLICY NUMBER			<input type="checkbox"/> Driver	<input checked="" type="checkbox"/> Vehicle						
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)															PHONE NUMBER						
YEAR 2007			MAKE MINI			MODEL COOPER			COLOR BLU			VEH. TYPE 1		TOTAL NO. OF OCC. 1							
LICENSE PLATE NO.			STATE MO		YEAR 2017		VIN		TOWED FROM SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			TOWED DUE TO DIS. DAMAGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
VEHICLE DAMAGE (Mark all damaged areas) None / No Damage										TOWED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA											
INITIAL IMPACT NO.: 14																					
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles										Vehicle Used As Public Conveyance											
<input checked="" type="checkbox"/> Passenger Car <input type="checkbox"/> Van (< 9 W/Driver) <input type="checkbox"/> Passenger Van (9+ W/Driver) <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Tc / From School										<input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> School Bus <input type="checkbox"/> Inter-city <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other											
<input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <input type="checkbox"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Unknown										<input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> Cargo Van <input type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Unknown (Explain)											
<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires <input type="checkbox"/> Single-unit Truck; 3 or more axles <input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)										<input type="checkbox"/> Truck Tractor With No Units <input type="checkbox"/> Truck Tractor With One Unit <input type="checkbox"/> Truck Tractor With Two Units <input type="checkbox"/> Truck Tractor With Three Units											
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA										CONTRIBUTING TRAFFIC CONDITIONS <input type="checkbox"/> NA											
<input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B")										<input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated <input checked="" type="checkbox"/> Congestion Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Unknown (Explain)											
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES															ALCOHOL USE						
SEQUENCE OF EVENTS CODES: 1 5 34 7 34															<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> NA						
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES																					
<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Violation Signal / Sign <input checked="" type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs																					
<input checked="" type="checkbox"/> Vision Obstructed <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked																					
<input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Start From Park																					
<input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Overcorrected <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Animal(s) In Roadway																					
<input type="checkbox"/> Object / Obstruction in Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)																					
DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)																					
7E. WORK ZONE																					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown																					
TRAFFIC CONTROL <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown																					
Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)																					
Other: <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus																					
Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)																					
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA																					
7F. OCCUPANTS - NAME (Last, First, MI)																					
ADDRESS (Street, City, State, Zip)																					
DATE OF BIRTH MM-DD-YYYY																					
SEX																					
SEAT LOC																					
INJ																					
TRANS-PORT																					
EJEC-TION																					
AIR BAG																					
SAFETY DEVICES																					
PHONE NUMBER																					
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA																					
Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.																					
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip)																					
PHONE NUMBER																					
COMMERCIAL / NON-COMMERCIAL																					
<input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Rental Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle																					
MC / MX / ICC NO.																					
USDOT NO.																					
CARGO BODY TYPE																					
<input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing Another Veh. <input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other																					
<input type="checkbox"/> Cargo Tank <input type="checkbox"/> Dump <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log																					
HAZARDOUS MATERIALS																					
PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																					
4-DIGIT NO.																					
CLASS																					
HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																					
HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																					
HAZARDOUS MATERIAL NAME																					

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) { 2		PHONE NUMBER
---	--	--------------

DRIVER LICENSE / ID NUMBER	STATE MO	LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> NA <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown	LIC TYPE <input checked="" type="checkbox"/> Operator Class F <input type="checkbox"/> Permit <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> CDL Class <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed <input type="checkbox"/> NA <input type="checkbox"/> Interm / Grad	MC ENDORSEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)
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DATE OF BIRTH 09-09-1968	SEX F	SEAT LOC FL	INJ 4	TRANS-PORT 1	EJEC-TION 2	AIR BAG 3	SAFETY DEVICES 5	VISION OBSTRUCTED <input checked="" type="checkbox"/> NA <input type="checkbox"/> Not Obstructed <input type="checkbox"/> Trees / Brush <input type="checkbox"/> Sign <input type="checkbox"/> Moving Veh <input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Windshield <input type="checkbox"/> Building <input type="checkbox"/> Hillcrest <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Load on Veh <input type="checkbox"/> Embankment <input type="checkbox"/> Parked Veh <input type="checkbox"/> Glare
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PROOF OF INSURANCE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	INSURANCE COMPANY GEICO	PHONE NO. (Optional)	POLICY NUMBER	<input type="checkbox"/> NA <input type="checkbox"/> Driver Vehicle <input checked="" type="checkbox"/>
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7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) { SAD	PHONE NUMBER	<input type="checkbox"/> SAD
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YEAR 2007	MAKE TOYOTA	MODEL CAMRY	COLOR GRY	VEH. TYPE 1	TOTAL NO. OF OCC. 2
-----------	-------------	-------------	-----------	-------------	---------------------

LICENSE - PLATE NO.	STATE MO	YEAR 2019	VIN	TOWED FROM SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TOWED DUE TO DAMAGE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---------------------	----------	-----------	-----	--	---

VEHICLE DAMAGE (Mark all damaged areas) <input type="checkbox"/> None / No Damage	TOWED BY <input type="checkbox"/> Unknown <input type="checkbox"/> NA
INITIAL IMPACT NO: 13	MCNAMARA'S TOWING 814-B S. LINDBERGH ST. LOUIS, MO 63131

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance		TOWED BY <input type="checkbox"/> Unknown <input type="checkbox"/> NA	
<input checked="" type="checkbox"/> Passenger Car <input type="checkbox"/> Van (< 9 W/Driver) <input type="checkbox"/> Passenger Van (9+ W/Driver) <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School	<input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> School Bus <input type="checkbox"/> Intercity <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other	<input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <input type="checkbox"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Unknown	<input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> Cargo Van <input type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Unknown (Explain)

EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA	CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA
<input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B") →	<input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES	Additional Codes Listed in Narrative (See Codes in Section 8)	ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
SEQUENCE OF EVENTS CODES: 1 8 34	ANIMAL CODE(S)	FIXED OBJECT CODE(S)

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" type="checkbox"/> None		DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)
<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs	<input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Start From Park

7E. WORK ZONE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	TRAFFIC CONTROL <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown	CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow Other: <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus <input type="checkbox"/> Signal Zone <input type="checkbox"/> Other (Explain)

7F. OCCUPANTS - NAME (Last, First, MI)		DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
ADDRESS (Street, City, State, Zip)			F	SR	3	1	2	3	10	

7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA	Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.
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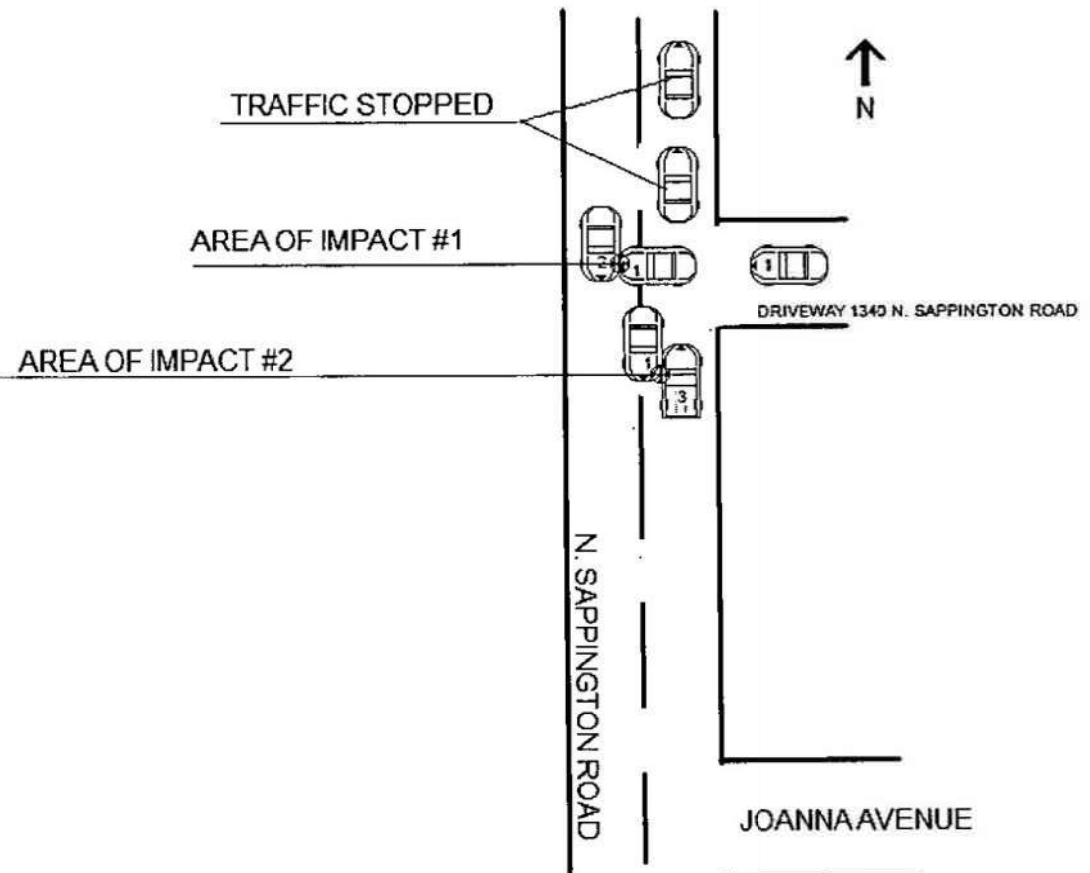
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip)	PHONE NUMBER	<input type="checkbox"/> SAO
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COMMERCIAL / NON-COMMERCIAL <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Intrastate Carrier	<input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle	MC / MX / ICC NO.	USDOT NO.
CARGO BODY TYPE <input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing Another Veh. <input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other	<input type="checkbox"/> Cargo Tank <input type="checkbox"/> Dump <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log		
HAZARDOUS MATERIALS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	4-DIGIT NO.	CLASS
		HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
HAZARDOUS MATERIAL NAME			



## 7 - DRIVERS, VEHICLES, OWNERS, &amp; OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER	
3											
DRIVER LICENSE / ID NUMBER		STATE		LIC STATUS		Valid <input checked="" type="checkbox"/> Expired <input type="checkbox"/>		LIC TYPE		Operator Class <input checked="" type="checkbox"/> Permit <input type="checkbox"/>	
		MO		<input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown				<input type="checkbox"/> NA <input type="checkbox"/> CDL Class <input type="checkbox"/> Interm / Grad <input type="checkbox"/> Unlicensed		<input type="checkbox"/> Unknown (Explain)	
DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	VISION OBSTRUCTED	MC ENDORSEMENT	
		F	FL	5	1	2	3	5	<input checked="" type="checkbox"/> NA <input type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)	
PROOF OF INSURANCE		INSURANCE COMPANY		PHONE NO. (Optional)		POLICY NUMBER		NA		<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		USAA								<input type="checkbox"/> SAD	
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER	
YEAR 2013 MAKE GMC MODEL ACADIA COLOR BLU										VEH. TYPE 1 TOTAL NO. OF OCC. 1	
LICENSE - PLATE NO.		STATE		YEAR		VIN		TOWED FROM SCENE		TOWED DUE TO DIS. DAMAGE	
		MO		2019				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
VEHICLE DAMAGE (Mark all damaged areas)										TOWED BY	
<input type="checkbox"/> None / No Damage										<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA	
INITIAL IMPACT NO. 12											
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo 23 - Unknown 24 - Other (Explain)											
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles										Vehicle Used As Public Conveyance	
<input type="checkbox"/> Passenger Car <input type="checkbox"/> Van (< 9 W/Driver) <input type="checkbox"/> Passenger Van (9+ W/Driver) <input checked="" type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School										<input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> School Bus <input type="checkbox"/> Intercity <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other	
<input type="checkbox"/> Motorcycle <input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code)										<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires <input type="checkbox"/> Single-unit Truck; 3 or more axles <input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)	
<input type="checkbox"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Unknown										<input type="checkbox"/> Truck Tractor With No Units <input type="checkbox"/> Truck Tractor With One Unit <input type="checkbox"/> Truck Tractor With Two Units <input type="checkbox"/> Truck Tractor With Three Units	
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA										CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA	
<input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B")										<input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Unknown (Explain)	
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES										ALCOHOL USE	
SEQUENCE OF EVENTS CODES										<input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
1 12 34											
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES										DISTRACTED / INATTENTIVE CODE(S)	
<input checked="" type="checkbox"/> None										<input checked="" type="checkbox"/> NA	
<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs										<input type="checkbox"/> Object / Obstruction in Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)	
<input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked										<input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Start From Park	
<input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Overcorrected <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Animal(s) In Roadway										<input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Start From Park	
7E. WORK ZONE										CONTROL MALFUNCTIONING / INOPERATIVE / MISSING	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown										<input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> NA	
TRAFFIC CONTROL <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown											
Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)											
Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
Other: <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus											
Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)											
OCCUPANTS - NAME (Last, First, MI)										DATE OF BIRTH	
7F. ADDRESS (Street, City, State, Zip)										MM-DD-YYYY	
										SEX	
										SEAT LOC	
										INJ	
										TRANS-PORT	
										EJEC-TION	
										AIR BAG	
										SAFETY DEVICES	
										PHONE NUMBER	
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA										Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.	
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip)										PHONE NUMBER	
										SAO	
COMMERCIAL / NON-COMMERCIAL										MC / MX / ICC NO.	
<input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle										USDOT NO.	
<input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Rental Vehicle											
CARGO BODY TYPE										Vehicle Towing Another Veh.	
<input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing Another Veh.										<input type="checkbox"/> Intermodal Container Chassis	
<input type="checkbox"/> Cargo Tank <input type="checkbox"/> Dump <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log										<input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
HAZARDOUS MATERIALS										HAZARDOUS MATERIAL NAME	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
PLACARD DISPLAYED											
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
4-DIGIT NO.											
CLASS											
HM CARGO PRESENT											
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
HM CARGO RELEASED											
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											

6. COLLISION  
DIAGRAMCompass Direction  
Before Crash Event(s)  
(Circle One)V1 N E S W U V2 N E S W U V3 N E S W U V4 N E S W U V5 N E S W U V6 N E S W UINDICATE  
NORTH

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE



## 8 - CODES

SEAT LOCATION	FR SR TR	INJURY	TRANSPORTED	EJECTION	AIR BAG	SAFETY DEVICES
XX - Not Known	FC SC TC	1. Fatal	(For Medical Treatment)	1. NA	1. None / NA	1. None
B - Pedalcycle	FL SL TL	2. Disabling		2. No	2. Not Deployed	2. Not Used
M - Motorcycle		3. Evident -	1. No	3. Partially	3. Removed	3. Shoulder Belt Only
CP - Commercial Passenger		4. Probable -	2. EMS	4. Totally	4. Deployed - Front	4. Lap Belt Only
OE - Occupant - Enclosed Load Area		5. Not Apparent	3. Other	U. Unknown	5. Deployed - Side	5. Shoulder and Lap Belt
OU - Occupant - Unenclosed Load Area		U. Unknown	U. Unknown	U. Unknown	6. Deployed - Curtain	7. DOT Compliant MC Helmet
RC - Rail Crew		N. NA	N. NA	U. Unknown	8. Deployed - Other (Knee, Air Belt, etc.)	8. No Helmet
SV - Other (Explain in Narrative)						10. Booster Seat
NA - Not Applicable						11. Child Restraint - Forward Facing
						12. Child Restraint - Rear Facing
						13. Other Helmet
						14. Reflective Clothing
						15. Other
						U. Use Unknown
						N. Not Applicable

## VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk (\*\*) require additional coding)

1. Going Straight	10. Start From Parked	19. Airborne	28. Separation Of Units	37. Collision Inv. Other Object (Explain)	44. Thrown/Falling Object
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway	38. Other Non-collision	45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian	39. Collision Inv. Bicycle/Pedalcycle in Bicycle Lane	46. Ran Off Roadway - Other (Explain)
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle	40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation	47. Cross Separator
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.	41. Collision Inv. Working MV	
6. Making U-Turn	15. Avoiding	24. Immersion	33. Collision Inv. Animal (**)	42. Downhill Runaway	
7. Skidding / Sliding	16. Cross Median	25. Jackknife	34. Collision Inv. MV in Transport	43. Fell/Jumped From MV	
8. Slowing / Stopping	17. Cross Center Of Road	26. Cargo Loss / Shift	35. Collision Inv. Parked MV		
9. Start In Traffic	18. Cross Road	27. Equipment Failure	36. Collision Inv. Fixed Object (**)		

## ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

60. Deer	61. Farm Animal	62. Dog	63. Other Animal	U. Unknown
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## FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

20. Tree / Stump (Standing)	26. Culvert	32. Building	38. Bridge Rail	44. Wall
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End	45. Cable Barrier
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier	46. Bridge Overhead Structure
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support	47. Overhead Line / Cable
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch	U. Unknown
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support	

## DISTRACTION / INATTENTION CODES

1. External Distraction	5. Communication Device - Hand-held	9. Eating / Drinking	13. Computer Equipment / Electronic Games / etc.
2. Passengers	6. Communication Device - Hands Free	10. Reading	14. Adjusting Vehicle Controls
3. Stereo / Audio / Video Equipment	7. Communication Device - Texting / E-mailing	11. Tobacco Use	15. Other (Explain)
4. Navigation Device	8. Communication Device - Web Browsing	12. Grooming	

## VEHICLE TYPE CODES

1. Motor Vehicle In Transport	3. Working Motor Vehicle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes
2. Parked Motor Vehicle	4. Pedalcycle	U. Unknown

## OTHER VEHICLE CODES

1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transportation	6. Low Speed Vehicle
2. Golf Cart	4. Forklift		7. Other (Explain)

## 9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

RESPONDED TO THE 1300 BLOCK OF N. SAPPINGTON ROAD IN REFERENCE TO A THREE VEHICLE COLLISION.

DRIVER 1 STATED HE TO PULLED OUT OF HIS DRIVEWAY AT 1340 N. SAPPINGTON ROAD, TRAVELING WESTBOUND, TO TURN LEFT ONTO SOUTHBOUND N. SAPPINGTON ROAD, WHEN HE OBSERVED TRAFFIC WAS STOPPED ON NORTHBOUND N. SAPPINGTON ROAD AND VEHICLES LEFT AN OPENING FOR HIM. DRIVER 1 STATED WHEN HE PULLED OUT OF THE DRIVEWAY, HE DID NOT SEE VEHICLE 2 TRAVELING SOUTHBOUND ON N. SAPPINGTON ROAD DUE TO THE CONGESTION OF THE NORTHBOUND TRAFFIC. DRIVER 1 STATED AS HE PULLED OUT, HIS VEHICLE COLLIDED WITH VEHICLE 2, WHICH IN TURN, CAUSED HIS VEHICLE TO COLLIDE WITH VEHICLE 3. DRIVER 1 DID NOT STATE ANY INJURIES AT THE SCENE. VEHICLE 1 SUSTAINED HEAVY DAMAGE TO THE FRONT OF THE VEHICLE, BUT DID NOT REQUIRE A TOW FROM THE SCENE.

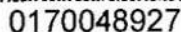
DRIVER 2 STATED SHE WAS TRAVELING SOUTHBOUND ON N. SAPPINGTON ROAD WHEN SHE OBSERVED VEHICLE 1 PULL FROM A DRIVEWAY. DRIVER 2 STATED SHE ATTEMPTED TO STOP TO AVOID A COLLISION, BUT SHE WAS UNABLE TO BEFORE VEHICLE 1 STRUCK THE DRIVER'S SIDE OF HER VEHICLE. DRIVER 2 STATED SHE WAS EXPERIENCING PAIN ON THE LEFT SIDE OF HER NECK AND BACK, BUT REFUSED MEDICAL ATTENTION AT THE SCENE STATING SHE WOULD RESPOND TO A MEDICAL CARE FACILITY ON HER OWN. THE PASSENGER IN VEHICLE 2 SUFFERED A MINOR SCRATCH ON HER STOMACH, BUT DID NOT REQUIRE MEDICAL ATTENTION. VEHICLE 2 SUSTAINED HEAVY DAMAGE TO THE DRIVER SIDE AND WAS INOPERABLE. VEHICLE 2 WAS TOWED FROM THE SCENE BY MCNAMARA'S TOWING.

DRIVER 3 STATED SHE WAS STOPPED IN TRAFFIC ON NORTHBOUND N. SAPPINGTON ROAD WHEN SHE OBSERVED VEHICLE 1 PULL FROM HIS DRIVEWAY AND STRIKE VEHICLE 2. DRIVER 3 STATED DUE TO THE IMPACT OF THE INITIAL COLLISION, VEHICLE 1 THEN SLID INTO HER VEHICLE CAUSING MINOR DAMAGE ALONG THE DRIVER'S SIDE. DRIVER 3 DID NOT STATE ANY INJURIES AT THE SCENE AND DID NOT REQUIRE BEING TOWED.

THERE IS NOTHING FURTHER.

## 10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
PTN. DARREN M. HICKS	324	3724	2
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
SGT. DANIEL M. PHILLIPS	195	CAPT. ROBERT A. CATLETT, JR.	193



GLENDALE POLICE DEPARTMENT  
 424 N. SAPPINGTON ROAD  
 GLENDALE, MO 63122

MO0953200

MF

PROBABLE CONTRIBUTING CIRCUMSTANCES				DISTRACTED / INATTENTIVE CODE(S)		ALCOHOL USE	
<input type="checkbox"/> None <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)				<input type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

## 7 - DRIVERS, VEHICLES, OWNERS, &amp; OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER	
1											
DRIVER LICENSE / ID NUMBER		STATE		LIC STATUS		LIC TYPE		MC ENDORSEMENT			
		MO		<input checked="" type="checkbox"/> Valid <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Expired <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Operator Class F <input type="checkbox"/> CDL Class <input type="checkbox"/> Interm / Grad <input type="checkbox"/> Permit <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed		<input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)	
DATE OF BIRTH		SEX		SEAT LOC		INJ		TRANS-PORT		EJEC-TION	
		F		FL		4		2		2	
PROOF OF INSURANCE		INSURANCE COMPANY		PHONE NO. (Optional)		POLICY NUMBER		NA		<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		SAFECO		314-965-0501							
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER	
1										SAO	
YEAR		MAKE		MODEL		COLOR		VEH. TYPE		TOTAL NO. OF OCC.	
2011		TOYOTA		CAMRY		GRN		1		1	
LICENSE - PLATE NO.		STATE		YEAR		VIN		TOWED FROM SCENE		TOWED DUE TO DIS. DAMAGE	
		MO		2019				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
VEHICLE DAMAGE (Mark all damaged areas)										TOWED BY	
<input type="checkbox"/> None / No Damage										<input type="checkbox"/> Unknown <input type="checkbox"/> NA	
INITIAL IMPACT NO. 14										MCNAMARA'S TOWING	
										814-B S. LINDBERGH	
										ST. LOUIS, MO 63131	
VEHICLE BODY TYPES: Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance											
<input checked="" type="checkbox"/> Passenger Car <input type="checkbox"/> Van (< 9 W/Driver) <input type="checkbox"/> Passenger Van (9+ W/Driver) <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School											
<input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> School Bus <input type="checkbox"/> Intercity <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other											
<input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <input type="checkbox"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Unknown											
<input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> Cargo Van <input type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Unknown (Explain)											
<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires <input type="checkbox"/> Single-unit Truck; 3 or more axles <input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) <input type="checkbox"/> Truck Tractor With No Units <input type="checkbox"/> Truck Tractor With One Unit <input type="checkbox"/> Truck Tractor With Two Units <input type="checkbox"/> Truck Tractor With Three Units											
GVW / GCWVW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) <input type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown											
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B") <input type="checkbox"/> A Emergency Vehicle on Emergency Run <input type="checkbox"/> B Stationary With Emergency Equip. Activated											
CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA <input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Unknown (Explain)											
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)											
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown 1 20 36 38 29 17 34											
ANIMAL CODE(S) FIXED OBJECT CODE(S) 25 20											
ALCOHOL USE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unk <input type="checkbox"/> No <input type="checkbox"/> NA											
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None											
<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Object / Obstruction in Roadway <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Improper Signal <input type="checkbox"/> Following Too Close <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Overcorrected <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Improper Backing <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input checked="" type="checkbox"/> Other (Explain) <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Improper Turn <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA <input type="checkbox"/> Alcohol <input type="checkbox"/> Improper Passing <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Failed To Secure Load / Improper Loading (See Codes in Section 8) <input type="checkbox"/> Drugs <input type="checkbox"/> Improperly Parked <input type="checkbox"/> Improper Start From Park <input type="checkbox"/> Animal(s) In Roadway											
7E. WORK ZONE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown											
TRAFFIC CONTROL <input type="checkbox"/> None <input type="checkbox"/> Unknown Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain) Other: <input checked="" type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)											
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <input type="checkbox"/> Yes (Explain) <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA											
7F. OCCUPANTS - NAME (Last, First, MI)											
ADDRESS (Street, City, State, Zip)											
DATE OF BIRTH MM-DD-YYYY											
SEX											
SEAT LOC											
INJ											
TRANS-PORT											
EJEC-TION											
AIR BAG											
SAFETY DEVICES											
PHONE NUMBER											
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.											
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO											
PHONE NUMBER <input type="checkbox"/> SAO											
COMMERCIAL / NON-COMMERCIAL <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle <input type="checkbox"/> MC / MX / ICC NO. <input type="checkbox"/> USDOT NO.											
<input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Rental Vehicle											
CARGO BODY TYPE <input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing Another Veh. <input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other											
<input type="checkbox"/> Cargo Tank <input type="checkbox"/> Dump <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log <input type="checkbox"/> Unknown											
HAZARDOUS MATERIALS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
4-DIGIT NO. CLASS											
HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
HAZARDOUS MATERIAL NAME											





6. COLLISION  
DIAGRAMCompass Direction  
Before Crash Event(s)  
(Circle One)

V1 (N) E S W U V2 (N) E S W U V3 N E S W U V4 N E S W U V5 N E S W U V6 N E S W U

INDICATE  
NORTH

North



Point of Impact

W

Witness

Witness Gogue

Alexandra Avenue

Witness Sullivan

Witness Lowe

School Parking Lot

School Parking Lot

North Glendale Elementary School  
765 N Sappington Road

N Sappington Road

Private Driveway

810 N Sappington Road

Street Lamp

W Kirkham Avenue

N Sappington Road

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE



## B - CODES

SEAT LOCATION XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable	FR SR TR FC SC TC FL SL TL	INJURY 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	TRANSPORTED (For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA	EJECTION 1. NA 2. No 3. Partially 4. Totally U. Unknown	AIR BAG 1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.) 9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	SAFETY DEVICES 1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet 10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable
--	----------------------------------	---	--	--	--	---

## VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk (\*\*) require additional coding)

- |                       |                          |                             |                                       |  |   |
|-----------------------|--------------------------|-----------------------------|---------------------------------------|--|---|
| 1. Going Straight     | 10. Start From Parked    | 19. Airborne                | 28. Separation Of Units               | 37. Collision Inv. Other Object (Explain)                                  | 44. Thrown/Falling Object   |
| 2. Overtaking         | 11. Backing              | 20. Ran Off Roadway - Right | 29. Returned To Roadway               | 38. Other Non-collision  | 45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV |
| 3. Making Right Turn  | 12. Stopped In Traffic   | 21. Ran Off Roadway - Left  | 30. Collision Inv. Pedestrian         | 39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane                      | 46. Ran Off Roadway - Other (Explain)                                 |
| 4. Right Turn on Red  | 13. Parked               | 22. Overturn / Rollover     | 31. Collision Inv. Bicycle/Pedalcycle | 40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation | 47. Cross Separator   |
| 5. Making Left Turn   | 14. Changing Lanes       | 23. Fire / Explosion        | 32. Collision Inv. Railway Veh.       | 41. Collision Inv. Working MV  |   |
| 6. Making U-Turn      | 15. Avoiding             | 24. Immersion               | 33. Collision Inv. Animal (**)        | 42. Downhill Runaway   |   |
| 7. Skidding / Sliding | 16. Cross Median         | 25. Jackknife               | 34. Collision Inv. MV in Transport    | 43. Fell/Jumped From MV  |   |
| 8. Slowing / Stopping | 17. Cross Center Of Road | 26. Cargo Loss / Shift      | 35. Collision Inv. Parked MV          |  |   |
| 9. Start In Traffic   | 18. Cross Road           | 27. Equipment Failure       | 36. Collision Inv. Fixed Object (**)  |  |   |

## ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

- |          |                 |         |                  |            |
|----------|-----------------|---------|------------------|------------|
| 60. Deer | 61. Farm Animal | 62. Dog | 63. Other Animal | U. Unknown |
|----------|-----------------|---------|------------------|------------|

## FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

- |   |   |                                       |                                 |                               |
|---|---|---------------------------------------|---------------------------------|-------------------------------|
| 20. Tree / Stump (Standing)                     | 26. Culvert                             | 32. Building                          | 38. Bridge Rail                 | 44. Wall                      |
| 21. Embankment / Driveway / Ground / Rock Bluff | 27. Highway Traffic Sign Post / Support | 33. Traffic Signal Support            | 39. Guardrail End               | 45. Cable Barrier             |
| 22. Guardrail Face                              | 28. Bridge Pier / Abutment / Support    | 34. Impact Attenuator / Crash Cushion | 40. Other Traffic Barrier       | 46. Bridge Overhead Structure |
| 23. Utility Pole                                | 29. Curb                                | 35. Fire Hydrant                      | 41. Overhead Sign Support       | 47. Overhead Line / Cable     |
| 24. Fence                                       | 30. Mail Box                            | 36. Other (Explain)                   | 42. Ditch                       | U. Unknown                    |
| 25. Street Light Support                        | 31. Concrete Traffic Barrier            | 37. Bridge Parapet End                | 43. Other Post / Pole / Support |                               |

## DISTRACTION / INATTENTION CODES

- |                                     |   |                      |  |
|-------------------------------------|---|----------------------|--|
| 1. External Distraction             | 5. Communication Device - Hand-held           | 9. Eating / Drinking | 13. Computer Equipment / Electronic Games / etc. |
| 2. Passengers                       | 6. Communication Device - Hands Free          | 10. Reading          | 14. Adjusting Vehicle Controls                   |
| 3. Stereo / Audio / Video Equipment | 7. Communication Device - Texting / E-mailing | 11. Tobacco Use      | 15. Other (Explain)                              |
| 4. Navigation Device                | 8. Communication Device - Web Browsing        | 12. Grooming         |  |

## VEHICLE TYPE CODES

- |                               |                          |  |
|-------------------------------|--------------------------|--|
| 1. Motor Vehicle In Transport | 3. Working Motor Vehicle | 5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes |
| 2. Parked Motor Vehicle       | 4. Pedalcycle            | U. Unknown   |

## OTHER VEHICLE CODES

- |                                  |               |  |                      |
|----------------------------------|---------------|--|----------------------|
| 1. Riding Mower / Garden Tractor | 3. Snowmobile | 5. Animal Drawn Vehicle / Animal Ridden For Transportation | 6. Low Speed Vehicle |
| 2. Golf Cart                     | 4. Forklift   |  | 7. Other (Explain)   |

## 9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

ON MONDAY, SEPTEMBER 4, 2017, AT APPROXIMATELY 1630 HOURS, I WAS DISPATCHED TO 800 BLOCK OF N. SAPPINGTON ROAD FOR A MOTOR VEHICLE ACCIDENT, BLOCKING THE ROADWAY, AND WITH PROBABLE INJURIES. UPON ARRIVAL AT APPROXIMATELY 1631 HOURS, I MET WITH BOTH DRIVERS AND ONE PASSENGER WHO ADVISED THEY WERE NOT INJURED. DRIVER #1 STATED SHE MIGHT HAVE HIT HER HEAD ON THE STEERING WHEEL, HOWEVER, WAS NOT SURE WHAT HAPPENED.

THE GLENDALE FIRE DEPARTMENT RESPONDED AND EXAMINED EACH DRIVER AND ONE PASSENGER FOR POSSIBLE INJURIES. DRIVER #1 WAS EVALUATED AND TRANSPORTED TO MISSOURI BAPTIST HOSPITAL FOR FURTHER EVALUATION. THE DRIVER AND PASSENGER IN VEHICLE #2 DECLINED FURTHER MEDICAL TREATMENT.

DRIVER #1 SAID SHE WAS TRAVELING NORTHBOUND ON N. SAPPINGTON ROAD AND "MIGHT HAVE HAD A SEIZURE." THE REASON FOR THE ACCIDENT COULD NOT BE EXPLAINED.

DRIVER #2 STATED HE WAS TRAVELING SOUTHBOUND ON N. SAPPINGTON ROAD AND OBSERVED VEHICLE #1 DRIVING ON THE NORTHBOUND SIDEWALK, OVER THE GRASS BERM, RETURN TO NORTHBOUND N. SAPPINGTON ROAD, CROSS THE CENTER DOUBLE YELLOW LINE, AND CRASH INTO THE FRONT LEFT CORNER OF HIS VEHICLE. DRIVER #2 SLOWED HIS VEHICLE JUST PRIOR TO IMPACT.

WITNESS STATED HE WAS TRAVELING SOUTH ON N. SAPPINGTON ROAD, BEHIND VEHICLE #2, AS IT WAS STRUCK BY VEHICLE #1. OBSERVED VEHICLE #1 DRIVE THROUGH A YARD, RETURN TO THE ROADWAY, AND STRIKE VEHICLE #2.

WITNESS STATED HE WAS SITTING STILL IN HIS VEHICLE ON SOUTHBOUND N. SAPPINGTON ROAD AT W. KIRKHAM AVENUE, AND OBSERVED A GREEN TOYOTA CAMRY RUN THROUGH SEVERAL YARDS ON THE EAST SIDE OF THE STREET, RETURN TO N. SAPPINGTON ROAD, AND HIT A FORD ESCAPE. THE TOYOTA CAMRY WAS TRAVELING AT A HIGH RATE OF SPEED. LOWE COULD NOT DETERMINE WHERE THE VEHICLE WAS COMING FROM.

## 10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME PTN. MATTHEW A. MASON	DSN / BADGE NO. 310	BEAT / ZONE 3710	TROOP / DISTRICT / PRECINCT 2
REVIEWING OFFICER NAME SGT. DANIEL M. PHILLIPS	DSN / BADGE NO. 195	REVIEWING OFFICER 2 NAME CAPT. ROBERT A. CATLETT, JR.	DSN / BADGE NO. 193

## 11. NARRATIVE / STATEMENTS CONTINUATION (If additional room is necessary use Narrative / Statements Continuation / Supplement)

WITNESS STATED HE WAS TRAVELING SOUTH ON N. SAPPINGTON ROAD, TOWARDS THE STOP SIGN AT W. KIRKHAM AVENUE. HE OBSERVED A TOYOTA CAMRY HEADING NORTH, GO OFF THE ROAD, RUN OVER SEVERAL TREES ON THE EAST SIDE OF N. SAPPINGTON ROAD, CONTINUE FORWARD, HIT A TELEPHONE POLE, RETURN TO THE STREET, CROSSED CENTER LINE AND HIT A CAR HEADING SOUTH.

BOTH VEHICLES WERE TOWED DUE TO DISABLING DAMAGE BY MCNAMARA'S TOWING COMPANY.

I RESEARCHED THE DAMAGED PROPERTY AND DETERMINED VEHICLE #1 TRAVELED NORTHBOUND ON N. SAPPINGTON ROAD, LEFT THE ROADWAY AT THE NORTHEAST CORNER OF THE INTERSECTION OF N. SAPPINGTON ROAD AND W. KIRKHAM AVENUE. THE VEHICLE GRAZED THE STREET LAMP WITH THE FRONT LEFT CORNER OF THE BUMPER AND LEFT SIDE MIRROR. IT TRAVELED ON THE SIDEWALK AND ONTO THE LAWN AT 816 N. SAPPINGTON ROAD, STRIKING SEVERAL SMALL BUSHES, TREES, AND SHRUBS. THE VEHICLE RETURNED TO NORTHBOUND LANE OF N. SAPPINGTON ROAD, CROSSED THE CENTER DOUBLE YELLOW LINE AND STRUCK VEHICLE #2. THERE WAS NO EVIDENCE OF VEHICLE #1 STRIKING A UTILITY POLE AS ONE WITNESS STATED. VEHICLE #1 LOST THE MIRROR PLATE FROM THE LEFT SIDE MIRROR HOUSING JUST AFTER STRIKING THE STREET LAMP. THE PROPERTY OWNER AT 816 N. SAPPINGTON ROAD WAS ON THE SCENE AND AWARE OF THE DAMAGE.

THE CITY OF GLENDALE PUBLIC WORKS DIRECTOR WAS NOTIFIED OF THE DAMAGED LAMP POST.

THERE IS NOTHING FURTHER TO REPORT AT THIS TIME.



0170052417

AGENCY NAME AND ORI

GLENDALE POLICE DEPARTMENT  
424 N. SAPPINGTON ROAD  
GLENDALE, MO 63122

MO0953200

SPC

LEFT THE SCENE DRIVER NO.		CLEARED		CRASH CLASSIFICATION		PROPERTY DAMAGE ONLY		NO. INJURED		NO. KILLED		REPORT / CASE / INCIDENT NUMBER	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		17-2220	
NO. VEH. INV.		CRASH DATE		CRASH TIME (MIL)		NOTIFIED DATE		TIME NOTIFIED (MIL)		INVESTIGATION DATE		TIME ARRIVED (MIL)	
3		10-05-2017		0728		10-05-2017		0731		10-05-2017		0734	
CRASH TYPE		NON-COLLISION		COLLISION INVOLVING		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE							
<input checked="" type="checkbox"/> On Roadway		<input type="checkbox"/> Overturning		<input type="checkbox"/> Animal		<input type="checkbox"/> Front to Front		<input type="checkbox"/> Angle		<input type="checkbox"/> Other (Explain)			
<input type="checkbox"/> Off Roadway		<input type="checkbox"/> Fire / Explosion		<input type="checkbox"/> Pedalcycle		<input type="checkbox"/> Front to Rear		<input type="checkbox"/> Sideswipe (Same Dir.)		<input type="checkbox"/> Unknown (Explain)			
		<input type="checkbox"/> Immersion		<input type="checkbox"/> Fixed Object		<input checked="" type="checkbox"/> Motor Vehicle in Transport		<input type="checkbox"/> Rear to Rear		<input type="checkbox"/> Sideswipe (Opp. Dir.)			
		<input type="checkbox"/> Jackknife		<input type="checkbox"/> Other Object		<input type="checkbox"/> Parked Motor Vehicle		<input type="checkbox"/> Rear to Side		<input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)			
		<input type="checkbox"/> Non-Collision		<input type="checkbox"/> Pedestrian		<input type="checkbox"/> Working Motor Vehicle							

COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.

1. Does this crash involve any of the following?  
1a. A person fatally injured; OR  
1b. A person transported for medical attention; OR  
1c. A vehicle towed due to disabling damage.
2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:  
2a. A truck / cargo van with GVWR / GCWVR of more than 10,000 lbs; OR  
2b. A motor vehicle with seating for 9 or more including driver; OR  
2c. A vehicle with a hazardous materials placard.
- ☐ No - No commercial vehicle fields need completion.  
☒ Yes - Go to number 2. →
- ☒ No - No commercial vehicle fields need completion.  
☐ Yes - Complete Section 7G for appropriate vehicle.

EVIDENTIARY PHOTOS TAKEN		BY WHOM		AVAILABLE FROM		<input type="checkbox"/> Investigating Agency	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		NA		NA		<input type="checkbox"/> Investigating Agency	
RECONSTRUCTION		BY WHOM		AVAILABLE FROM		<input type="checkbox"/> Investigating Agency	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		NA		NA		<input type="checkbox"/> Investigating Agency	
2 - LOCATION							
COUNTY 1095		MUNICIPALITY 1030		BEAT / ZONE 3794		TRP/DIST/PCT 2	
ST. LOUIS		GLENDALE		GPS COORDINATES (DD MM SS.S FORMAT)		LAT: N 383605.5 LONG: W 902310.8	
ON		RDWY. DIR.		DISTANCE FROM		LOCATION	
CST N SAPPINGTON RD		N		100 Feet		CST JOANNA AVE	
SPEED LIMIT 30		ROAD MAINTAINED BY		<input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At	
<input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other						SPEED LIMIT 20 INT. DIR. W GEO - CODE 328.0	

TRAFFICWAY		ROAD ALIGNMENT		ROAD PROFILE	
<input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way, Not Divided <input type="checkbox"/> Two-Way, Divided; Unprotected Median <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)		<input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)	
<input type="checkbox"/> Two-Way, Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way, Divided; Positive Median Barrier <input type="checkbox"/> Unknown					
INTERSECTION TYPE <input checked="" type="checkbox"/> NA		ROAD CONDITION		WEATHER CONDITION	
<input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain)	
<input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)		<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)		<input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)	
ROAD SURFACE					
<input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone					
<input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)					

LIGHT CONDITION	
<input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES: <input checked="" type="checkbox"/> None	
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality	

4 - WITNESS <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative	
NAME ADDRESS (Street, City, State, Zip) PHONE NUMBER	

NAME ADDRESS (Street, City, State, Zip) PHONE NUMBER	
NAME ADDRESS (Street, City, State, Zip) PHONE NUMBER	
NAME ADDRESS (Street, City, State, Zip) PHONE NUMBER	
NAME ADDRESS (Street, City, State, Zip) PHONE NUMBER	
NAME ADDRESS (Street, City, State, Zip) PHONE NUMBER	

5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> Other Pedestrian	
NO. NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) PHONE NUMBER	

DATE OF BIRTH		SEX		STRUCK BY VEH #		INJ		TRANS-PORT		SAFETY DEVICES		LOCATION	
												<input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown	
CROSSING ROAD <input type="checkbox"/> NA		OTHER ACTIONS <input type="checkbox"/> NA / None										SCHOOL INFO. <input type="checkbox"/> NA	
<input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk		<input type="checkbox"/> Getting On / Off Vehicle		<input type="checkbox"/> Working In Trafficway		<input type="checkbox"/> Unknown		<input type="checkbox"/> Going To / From School		<input type="checkbox"/> Other (Explain)		<input type="checkbox"/> Getting On / Off School Bus	
<input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk		<input type="checkbox"/> Standing / Lying / Sitting In Trafficway		<input type="checkbox"/> Playing In Trafficway				<input type="checkbox"/> Both Of The Above				<input type="checkbox"/> Unknown (Explain)	
<input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk		<input type="checkbox"/> Pushing / Working On Vehicle		<input type="checkbox"/> Walking / Running In Trafficway									
<input type="checkbox"/> Unknown <input type="checkbox"/> Unknown		<input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.		<input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic									

PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None		DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA		ALCOHOL USE	
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain)				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)					



## 7 - DRIVERS, VEHICLES, OWNERS, &amp; OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)															PHONE NUMBER				
1																			
DRIVER LICENSE / ID NUMBER			STATE		LIC STATUS		<input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown			LIC TYPE		<input checked="" type="checkbox"/> Operator Class <u>F</u> <input type="checkbox"/> Permit <input type="checkbox"/> Unknown (Explain)			MC ENDORSEMENT				
			MO		<input type="checkbox"/> NA					<input type="checkbox"/> NA		<input type="checkbox"/> CDL Class <input type="checkbox"/> Intern / Grad <input type="checkbox"/> Unlicensed			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)				
DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	VISION OBSTRUCTED	<input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh		<input type="checkbox"/> Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment		<input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh		<input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)			
		F	FL	4	1	2	5	5	<input type="checkbox"/> NA										
PROOF OF INSURANCE			INSURANCE COMPANY			<input type="checkbox"/> Expired			PHONE NO. (Optional)			POLICY NUMBER			<input type="checkbox"/> NA <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required			STATE FARM INSURANCE COMPANY																
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAD															PHONE NUMBER <input type="checkbox"/> SAD				
1122																			
YEAR		MAKE			MODEL			COLOR			VEH. TYPE		TOTAL NO. OF OCC.						
2011		TOYOTA			SCION			WHT			1		1						
LICENSE - PLATE NO.			STATE		YEAR		VIN			TOWED FROM SCENE			TOWED DUE TO DIS. DAMAGE						
			MO		2019					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
VEHICLE DAMAGE (Mark all damaged areas) <input type="checkbox"/> None / No Damage															TOWED BY <input type="checkbox"/> Unknown <input type="checkbox"/> NA				
INITIAL IMPACT NO: 1															MCNAMARA'S TOWING				
															814-B S. LINDBERGH				
															ST. LOUIS, MO 63131				
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance																			
<input checked="" type="checkbox"/> Passenger Car <input type="checkbox"/> Van (< 9 W/Driver) <input type="checkbox"/> Passenger Van (9+ W/Driver) <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School															<input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> School Bus <input type="checkbox"/> Intercity <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other				
<input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV															<input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> Cargo Van <input type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Unknown (Explain)				
<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires <input type="checkbox"/> Single-unit Truck; 3 or more axles <input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) <input type="checkbox"/> Truck Tractor With No Units <input type="checkbox"/> Truck Tractor With One Unit <input type="checkbox"/> Truck Tractor With Two Units <input type="checkbox"/> Truck Tractor With Three Units															GVW / GCW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) <input type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown				
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B") <input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated															CONTRIBUTING TRAFFIC CONDITIONS <input type="checkbox"/> NA <input checked="" type="checkbox"/> Congestion Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Unknown (Explain)				
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)															ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> NA				
SEQUENCE OF EVENTS CODES: 1 8 7 34															ANIMAL CODE(S) FIXED OBJECT CODE(S)				
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None																			
<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Object / Obstruction in Roadway <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Improper Signal <input checked="" type="checkbox"/> Following Too Close <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Overcorrected <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Improper Backing <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Improper Turn <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Improper Start From Park <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Alcohol <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked <input type="checkbox"/> Animal(s) In Roadway <input type="checkbox"/> Drugs <input type="checkbox"/> Improperly Parked															Distracted / Inattentive CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)				
7E. WORK ZONE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown															TRAFFIC CONTROL <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown				
<input type="checkbox"/> Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown															Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)				
OCCUPANTS - NAME (Last, First, MI)															DATE OF BIRTH				
ADDRESS (Street, City, State, Zip)															MM-DD-YYYY				
															SEX				
															SEAT LOC				
															INJ				
															TRANS-PORT				
															EJEC-TION				
															AIR BAG				
															SAFETY DEVICES				
															PHONE NUMBER				
7F.																			
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.																			
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO															PHONE NUMBER <input type="checkbox"/> SAO				
COMMERCIAL / NON-COMMERCIAL <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Rental Vehicle															MC / MX / ICC NO.				
CARGO BODY TYPE <input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing <input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Dump <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other															USDOT NO.				
HAZARDOUS MATERIALS <input type="checkbox"/> PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown															4-DIGIT NO.				
															CLASS				
															HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
															HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
															HAZARDOUS MATERIAL NAME				

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER	
<div style="display: flex; justify-content: space-between;"> <div>                 DRIVER LICENSE / ID NUMBER                  STATE: MO                  DATE OF BIRTH: 3/13/88                  SEX: F                  SEAT LOC: FL                  INJ: 3                  TRANS-PORT: 13                  EJECT-ION: 2                  AIR-BAG: 3                  SAFETY DEVICES: 5             </div> <div>                 LIC STATUS: <input checked="" type="checkbox"/> Valid  <input type="checkbox"/> Expired  <input type="checkbox"/> Susp / Rev / Denied  <input type="checkbox"/> Disqual CDL  <input type="checkbox"/> Canceled / Oth Invalid  <input type="checkbox"/> Unknown             </div> <div>                 LIC TYPE: <input checked="" type="checkbox"/> Operator Class F  <input type="checkbox"/> CDL Class  <input type="checkbox"/> Interm / Grad  <input type="checkbox"/> Permit  <input type="checkbox"/> MC Only  <input type="checkbox"/> Unlicensed             </div> <div>                 MC ENDORSEMENT  <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA  <input type="checkbox"/> Unknown (Explain)             </div> </div>											
PROOF OF INSURANCE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required INSURANCE COMPANY: USAA CASUALTY INSURANCE CO. PHONE NO. (Optional): POLICY NUMBER: <input type="checkbox"/> NA <input checked="" type="checkbox"/> Driver Vehicle <input type="checkbox"/> SAD											

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) ☐ SAD

YEAR: 2014	MAKE: TOYOTA	MODEL: HIGHLANDER	COLOR: WHT	VEH. TYPE: 1	TOTAL NO. OF OCC.: 1
LICENSE - PLATE NO.	STATE: MO	YEAR: 2018	VIN	TOWED FROM SCENE: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TOWED DUE TO DIS. DAMAGE: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
VEHICLE DAMAGE (Mark all damaged areas) <input type="checkbox"/> None / No Damage INITIAL IMPACT NO: 8 18 - Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 20 - Burned 24 - Other (Explain) 21 - Towed Unit					

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles ☐ Vehicle Used As Public Conveyance

<input type="checkbox"/> Passenger Car <input type="checkbox"/> Van (< 9 W/Driver) <input type="checkbox"/> Passenger Van (9+ W/Driver) <input checked="" type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School	<input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> School Bus <input type="checkbox"/> Intercity <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other	<input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <input type="checkbox"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Unknown	<input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> Cargo Van <input type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires <input type="checkbox"/> Single-unit Truck; 3 or more axles <input type="checkbox"/> Veh. Pulling Another Unit(s) <input type="checkbox"/> Truck Tractor With No Units <input type="checkbox"/> Truck Tractor With One Unit <input type="checkbox"/> Truck Tractor With Two Units <input type="checkbox"/> Truck Tractor With Three Units	GVW / GCW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) <input type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 25,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown
---	--	--	---	--	---

EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B") → <input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated		CONTRIBUTING TRAFFIC CONDITIONS <input type="checkbox"/> NA <input checked="" type="checkbox"/> Congestion Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Unknown (Explain)
---	--	--

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8) SEQUENCE OF EVENTS CODES: 1 8 12 34 34 ANIMAL CODE(S): FIXED OBJECT CODE(S):			ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
--	--	--	--

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" type="checkbox"/> None <input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Improper Signal <input type="checkbox"/> Following Too Close <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Improper Backing <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Overcorrected <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Improper Turn <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Alcohol <input type="checkbox"/> Improper Passing <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Drugs <input type="checkbox"/> Improperly Parked <input type="checkbox"/> Improper Start From Park <input type="checkbox"/> Animal(s) In Roadway			<input type="checkbox"/> Object / Obstruction in Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain) DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)
--	--	--	---

7E. WORK ZONE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	TRAFFIC CONTROL <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain) Other: <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)	CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
---	--	---

7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip)		DATE OF BIRTH	SEX	SEAT LOC	INJ	TRANS-PORT	EJECT-ION	AIR BAG	SAFETY DEVICES	PHONE NUMBER

7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO		PHONE NUMBER <input type="checkbox"/> SAO	
COMMERCIAL / NON-COMMERCIAL <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Rental Vehicle	MC / MX / ICC NO. USDOT NO.	CARGO BODY TYPE <input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing <input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Dump <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log	
HAZARDOUS MATERIALS	PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 4-DIGIT NO. CLASS HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	HAZARDOUS MATERIAL NAME	



<b>NO.</b>									
<b>7A. DRIVER - NAME (Last, First, MI) &amp; ADDRESS (Street, City, State, Zip)</b>									
<b>DRIVER LICENSE / ID NUMBER</b>	<b>STATE</b>	<b>LIC STATUS</b>	<input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown	<b>LIC TYPE</b>	<input checked="" type="checkbox"/> Operator Class F <input type="checkbox"/> Permit <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed <input type="checkbox"/> NA <input type="checkbox"/> Interm / Grad	<b>MC ENDORSEMENT</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Unknown (Explain)	<b>PHONE NUMBER</b>	
<b>DATE OF BIRTH</b>	<b>SEX</b>	<b>SEAT LOC</b>	<b>INJ PORT</b>	<b>EJECTION</b>	<b>AIR BAG</b>	<b>SAFETY DEVICES</b>	<b>VISION OBSTRUCTED</b>	<input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh	<input type="checkbox"/> Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment <input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh <input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare <input type="checkbox"/> Other (Explain) Unknown (Explain)
<b>PROOF OF INSURANCE:</b>		<b>INSURANCE COMPANY,</b> <input type="checkbox"/> Expired <b>STATE FARM INSURANCE COMPANY</b>				<b>PHONE NO. (Optional)</b>		<b>POLICY NUMBER</b> <input type="checkbox"/> NA <input checked="" type="checkbox"/> Driver Vehicle	
<b>7B. VEHICLE - OWNER NAME (Last, First, MI) &amp; ADDRESS (Street, City, State, Zip)</b> <input type="checkbox"/> SAD									
<b>YEAR MAKE MODEL COLOR VEH. TYPE TOTAL NO. OF OCC.</b>									
2002 LEXUS ES300 WHI 1 1									
<b>LICENSE - PLATE NO.</b>		<b>STATE YEAR</b>	<b>VIN</b>	<b>TOWED FROM SCENE</b>		<b>TOWED DUE TO DIS. DAMAGE</b>			
		MO 2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>VEHICLE DAMAGE (Mark all damaged areas)</b> <input type="checkbox"/> None / No Damage									
<b>INITIAL IMPACT NO:</b> 2   3   4   5   6   7   8   9   10   11   12   13   14   15   16   17   18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo 23 - Unknown 24 - Other (Explain)									
<b>VEHICLE BODY TYPES - Automobiles / Specialty Vehicles</b> <input type="checkbox"/> Vehicle Used As Public Conveyance									
<input checked="" type="checkbox"/> Passenger Car <input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Motorcycle <input type="checkbox"/> Motor Home <input type="checkbox"/> Van (< 9 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> ATV <input type="checkbox"/> Farm Implements <input type="checkbox"/> Passenger Van (9+ W/Driver) <input type="checkbox"/> School Bus <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Intercity <input type="checkbox"/> Other Vehicle (Code) _____ <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Cargo Van <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Pickup <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Other <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires    GVW / GCWW RATING (Not Licensed Weight) <input type="checkbox"/> Single-unit Truck; 3 or more axles    Less than or equal to 10,000 lbs. <input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Tractor Units)    10,001 - 26,000 lbs. <input type="checkbox"/> Truck Tractor With No Units    Greater than 26,000 lbs. <input type="checkbox"/> Truck Tractor With One Unit    Unknown <input type="checkbox"/> Truck Tractor With Two Units <input type="checkbox"/> Truck Tractor With Three Units									
<b>EMERGENCY VEHICLE INVOLVEMENT</b> <input checked="" type="checkbox"/> NA									
<b>CONTRIBUTING TRAFFIC CONDITIONS</b> <input checked="" type="checkbox"/> NA									
<input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B") → <input type="checkbox"/> B Stationary With Emergency Equip. Activated <input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Unknown (Explain)									
<b>7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES</b> <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)									
<b>SEQUENCE OF EVENTS CODE(S)</b> <input type="checkbox"/> Unknown <b>ANIMAL CODE(S)</b> <b>FIXED OBJECT CODE(S)</b>									
1   8   12   34									
<b>7D. PROBABLE CONTRIBUTING CIRCUMSTANCES</b> <input checked="" type="checkbox"/> None									
<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Vision Obscured <input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Improper Signal <input type="checkbox"/> Following Too Close <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Improper Backing <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Overcorrected <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Improper Turn <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Alcohol <input type="checkbox"/> Improper Passing <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Drugs <input type="checkbox"/> Improperly Parked <input type="checkbox"/> Improper Start From Park <input type="checkbox"/> Animal(s) In Roadway <input type="checkbox"/> Object / Obstruction in Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)									
<b>DISTRACTED / INATTENTIVE CODE(S)</b> <input checked="" type="checkbox"/> NA (See Codes in Section 8)									
<b>7E. WORK ZONE</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown									
<b>TRAFFIC CONTROL</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown									
Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)									
Other: <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus									
Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)									
<b>CONTROL MALFUNCTIONING / INOPERATIVE / MISSING</b> <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA									
<b>WORKERS PRESENT</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
<b>OCCUPANTS - NAME (Last, First, MI) DATE OF BIRTH SEX SEAT LOC INJ TRANSPORT EJECTION AIR BAG SAFETY DEVICES PHONE NUMBER</b>									
ADDRESS (Street, City, State, Zip)									
<b>7G. COMMERCIAL MOTOR VEHICLE</b> <input checked="" type="checkbox"/> NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.									
<b>MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME &amp; ADDRESS (Street, City, State, Zip)</b> <input type="checkbox"/> SAO									
<b>COMMERCIAL / NON-COMMERCIAL</b> <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Rental Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle									
<b>CARGO BODY TYPE</b> <input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing Another Veh. <input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other									
<b>HAZARDOUS MATERIALS</b> <input type="checkbox"/> Placard Displayed <input type="checkbox"/> 4-Digit No. <input type="checkbox"/> CLASS <input type="checkbox"/> HM Cargo Present <input type="checkbox"/> HM Cargo Released <input type="checkbox"/> HAZARDOUS MATERIAL NAME									
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									



## 8 - CODES

SEAT LOCATION	INJURY	TRANSPORTED	EJECTION	AIR BAG	SAFETY DEVICES
XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable	<div> <div>FR SR TR</div> <div>FC SC TC</div> <div>FL SL TL</div> </div> 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	(For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA	1. NA 2. No 3. Partially 4. Totally U. Unknown	1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.) 9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet 10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable

## VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk ["\*\*"] require additional coding)

1. Going Straight	10. Start From Parked	19. Airborne	28. Separation Of Units	37. Collision Inv. Other Object (Explain)	44. Thrown/Falling Object
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway	38. Other Non-collision	45. Struck By Falling, Shifting Cargo, Object Set in Motion By Own MV
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian	39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane	46. Ran Off Roadway - Other (Explain)
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle	40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation	47. Cross Separator
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.	41. Collision Inv. Working MV	
6. Making U-Turn	15. Avoiding	24. Immersion	33. Collision Inv. Animal (**)	42. Downhill Runaway	
7. Skidding / Sliding	16. Cross Median	25. Jackknife	34. Collision Inv. MV in Transport	43. Fell/Jumped From MV	
8. Slowing / Stopping	17. Cross Center Of Road	26. Cargo Loss / Shift	35. Collision Inv. Parked MV		
9. Start In Traffic	18. Cross Road	27. Equipment Failure	36. Collision Inv. Fixed Object (**)		

## ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

60. Deer	61. Farm Animal	62. Dog	63. Other Animal	U. Unknown
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## FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

20. Tree / Stump (Standing)	28. Culvert	32. Building	38. Bridge Rail	44. Wall
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End	45. Cable Barrier
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier	46. Bridge Overhead Structure
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support	47. Overhead Line / Cable
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch	U. Unknown
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support	

## DISTRACTION / INATTENTION CODES

1. External Distraction	5. Communication Device - Hand-held	9. Eating / Drinking	13. Computer Equipment / Electronic Games / etc.
2. Passengers	6. Communication Device - Hands Free	10. Reading	14. Adjusting Vehicle Controls
3. Stereo / Audio / Video Equipment	7. Communication Device - Texting / E-mailing	11. Tobacco Use	15. Other (Explain)
4. Navigation Device	8. Communication Device - Web Browsing	12. Grooming	

## VEHICLE TYPE CODES

1. Motor Vehicle In Transport	3. Working Motor Vehicle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes
2. Parked Motor Vehicle	4. Pedalcycle	U. Unknown

## OTHER VEHICLE CODES

1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transportation	6. Low Speed Vehicle
2. Golf Cart	4. Forklift		7. Other (Explain)

## 9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

I WAS DISPATCHED TO THE 1300 BLOCK OF N. SAPPINGTON ROAD FOR A REPORT OF A MOTOR VEHICLE CRASH INVOLVING THREE (3) SEPARATE VEHICLES AND ROADWAY BLOCKAGE.

UPON ARRIVAL, I MADE CONTACT WITH ALL PARTIES INVOLVED AND ASKED THE DRIVERS IF THEY WERE INJURED AND/OR SEEKING ANY MEDICAL ATTENTION. DRIVER #1 STATED SHE STRUCK HER RIGHT KNEE ON THE DASHBOARD UPON IMPACT, HOWEVER, SHE WAS NOT SEEKING MEDICAL ATTENTION AT THE TIME. DRIVER #2 STATED THE BACK OF HER HEAD HURT AND SHE HAD AN APPARENT SMALL LACERATION ON HER RIGHT ELBOW. DRIVER #2 STATED SHE WISHED TO BE ASSESSED BY PARAMEDIC(S). DRIVER #3 STATED HE WAS NOT INJURED AND WAS NOT SEEKING ANY MEDICAL ATTENTION.

GLENDAL FIRE & RESCUE #1414 AND ABBOTT AMBULANCE WERE DISPATCHED TO THE SCENE TO ASSESS DRIVER #2 FOR REPORTED INJURIES. PARAMEDICS ATTENDED TO DRIVER #2 FOR COMPLAINTS OF PAIN ASSOCIATED TO THE BACK PORTIONS OF HER HEAD AND NECK. DRIVER #2 HAD AN APPARENT SMALL LACERATION ON HER RIGHT ELBOW AND AN ABRASION/BURN ON HER LEFT SHOULDER CAUSED BY CONTACT WITH THE SEAT BELT RESTRAINT.

PARAMEDICS ALSO ASSESSED AND EVALUATED DRIVER #1 FOR A PROBABLE CONTUSION LOCATED ON HER RIGHT KNEE.

DRIVER #1 AND DRIVER #2 ULTIMATELY REFUSED MEDICAL TRANSPORT OFFERED BY ABBOTT AMBULANCE PERSONNEL ON SCENE. DRIVER #2 STATED SHE WOULD RESPOND TO THE ROCK HILL URGENT CARE, VIA PRIVATE TRANSPORT, FOR MEDICAL ATTENTION AT A LATER TIME.

DRIVER #1 STATED SHE WAS TRAVELING NORTHBOUND ON N. SAPPINGTON BEHIND VEHICLE #2. DRIVER #1 STATED VEHICLE #2'S BRAKE LIGHTS SUDDENLY ACTIVATED AND VEHICLE #2 CAME TO AN ABRUPT STOP IN THE ROADWAY AHEAD OF HER VEHICLE. DRIVER #1 STATED SHE IMMEDIATELY APPLIED HER VEHICLE'S BRAKES, HOWEVER, SHE WAS UNABLE TO STOP HER VEHICLE BEFORE COLLIDING WITH THE REAR OF VEHICLE #2. DRIVER #1 STATED HER VEHICLE'S TIRES SLID ON THE WET ROADWAY.

## 10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
PTN. STEVEN K. DEBISSCHOP	294	3794	2
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
SGT. CHRISTOPHER J. SARANTAKIS	291	CAPT. ROBERT A. CATLETT, JR.	193

## 11. NARRATIVE / STATEMENTS CONTINUATION (If additional room is necessary use Narrative / Statements Continuation / Supplement)

DRIVER #2 STATED SHE WAS TRAVELING NORTHBOUND ON N. SAPPINGTON ROAD AND STOPPED HER VEHICLE BEHIND VEHICLE #3, WHICH WAS STOPPED IN TRAFFIC. DRIVER #2 STATED WHILE HER VEHICLE WAS STOPPED IN TRAFFIC AND STATIONARY, VEHICLE #1 COLLIDED WITH THE REAR OF HER VEHICLE. DRIVER #2 STATED HER VEHICLE WAS THEN FORCED FORWARD, AT WHICH TIME VEHICLE #2'S FRONT END STRUCK THE REAR OF VEHICLE #3.

DRIVER #3 STATED HE WAS TRAVELING NORTHBOUND ON N. SAPPINGTON ROAD AND STOPPED HIS VEHICLE BEHIND SEVERAL VEHICLES, WHICH WERE STOPPED IN TRAFFIC FOR A RED ELECTRIC SIGNAL AT INTERSECTING MANCHESTER ROAD. DRIVER #3 STATED WHILE HIS VEHICLE WAS STOPPED IN TRAFFIC AND STATIONARY, VEHICLE #2'S FRONT END STRUCK THE REAR OF VEHICLE #3 AS A RESULT OF THE INITIAL CRASH BETWEEN VEHICLE #1 AND VEHICLE #2.

VEHICLE #1 WAS PRIVATELY TOWED FROM THE SCENE BY MCNAMARA'S TOWING TO ACKERMAN TOYOTA, 3636 S. KINGSHIGHWAY BOULEVARD, ST. LOUIS, MO, 63109, AT THE OWNER'S REQUEST.

THERE IS NOTHING FURTHER TO REPORT.





MO0953200

GLENDALÉ POLICE DEPARTMENT  
424 N. SAPPINGTON ROAD  
GLENDALÉ, MO 63122

PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)				DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA				ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
--	--	--	--	--	--	--	--	---	--	--	--



## 7 - DRIVERS, VEHICLES, OWNERS, &amp; OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER	
1											
DRIVER LICENSE / ID NUMBER		STATE	LIC STATUS	<input checked="" type="checkbox"/> Valid	<input type="checkbox"/> Expired	LIC TYPE	<input checked="" type="checkbox"/> Operator Class	<input type="checkbox"/> Permit	<input type="checkbox"/> Unknown (Explain)	MC ENDORSEMENT	
		MO	<input type="checkbox"/> NA	<input type="checkbox"/> Susp / Rev / Denied	<input type="checkbox"/> Disqual CDL	<input type="checkbox"/> NA	<input type="checkbox"/> CDL Class	<input type="checkbox"/> MC Only	<input type="checkbox"/> Unlicensed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
			<input type="checkbox"/> Canceled / Oth Invalid	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown		<input type="checkbox"/> Interm / Grad			<input type="checkbox"/> Unknown (Explain)	
DATE OF BIRTH	SEX	SEAT LOC	INJ	TRANSPORT	EJECTION	AIR BAG	SAFETY DEVICES	VISION OBSTRUCTED	<input checked="" type="checkbox"/> Not Obstructed	<input type="checkbox"/> Trees / Brush	<input type="checkbox"/> Sign
	M	FL	4	1	2	5	5	NA	<input type="checkbox"/> Windshield	<input type="checkbox"/> Building	<input type="checkbox"/> Hillcrest
									<input type="checkbox"/> Load on Veh	<input type="checkbox"/> Embankment	<input type="checkbox"/> Parked Veh
PROOF OF INSURANCE		INSURANCE COMPANY				PHONE NO. (Optional)		POLICY NUMBER		<input type="checkbox"/> NA	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		ALLSTATE								<input type="checkbox"/> Drivers Vehicle <input checked="" type="checkbox"/> SAD	
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER	
YEAR										VEH. TYPE	
2004										1	
MAKE										TOTAL NO. OF OCC.	
VOLKSWAGEN										1	
MODEL										COLOR	
TOUREG										GRY	
LICENSE - PLATE NO.										TOWED FROM SCENE	
										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
STATE										TOWED DUE TO DIS. DAMAGE	
MO										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
YEAR											
2018											
VIN 1											
VEHICLE DAMAGE (Mark all damaged areas)										TOWED BY	
<input type="checkbox"/> None / No Damage										<input type="checkbox"/> Unknown <input type="checkbox"/> NA	
INITIAL IMPACT NO:										MCNAMARA'S TOWING	
2										814-B S. LINDBERGH	
										ST. LOUIS, MO 63131	
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance											
<input type="checkbox"/> Passenger Car											
<input type="checkbox"/> Van (< 9 W/Driver)											
<input type="checkbox"/> Passenger Van (9+ W/Driver)											
<input checked="" type="checkbox"/> Sport Utility Vehicle											
<input type="checkbox"/> Limousine (7-8 W/Driver)											
<input type="checkbox"/> Limousine (9-15 W/Driver)											
<input type="checkbox"/> Motorized Bicycle											
<input type="checkbox"/> Pedalcycle											
<input type="checkbox"/> To / From School											
<input type="checkbox"/> Small Bus (9-15 W/Driver)											
<input type="checkbox"/> Large Bus (16+ W/Driver)											
<input type="checkbox"/> School Bus											
<input type="checkbox"/> Intercity											
<input type="checkbox"/> Transit / Commuter											
<input type="checkbox"/> Charter / Tour											
<input type="checkbox"/> Other											
<input type="checkbox"/> Motorcycle											
<input type="checkbox"/> ATV											
<input type="checkbox"/> Motor Home											
<input type="checkbox"/> Farm Implements											
<input type="checkbox"/> Construction Equip. Heavy Mach.											
<input type="checkbox"/> Other Vehicle (Code)											
<input type="checkbox"/> Cargo Van											
<input type="checkbox"/> Pickup											
<input type="checkbox"/> Other Heavy Truck											
<input type="checkbox"/> Unknown (Explain)											
<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires											
<input type="checkbox"/> Single-unit Truck; 3 or more axles											
<input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)											
<input type="checkbox"/> Truck Tractor With No Units											
<input type="checkbox"/> Truck Tractor With One Unit											
<input type="checkbox"/> Truck Tractor With Two Units											
<input type="checkbox"/> Truck Tractor With Three Units											
GVW / GCWR RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)											
<input type="checkbox"/> Less than or equal to 10,000 lbs.											
<input type="checkbox"/> 10,001 - 26,000 lbs.											
<input type="checkbox"/> Greater than 26,000 lbs.											
<input type="checkbox"/> Unknown											
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA											
<input type="checkbox"/> Police <input type="checkbox"/> Ambulance											
<input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B")											
<input type="checkbox"/> A. Emergency Vehicle on Emergency Run											
<input type="checkbox"/> B. Stationary With Emergency Equip. Activated											
CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA											
<input type="checkbox"/> Congestion Ahead											
<input type="checkbox"/> Other Incident Ahead											
<input type="checkbox"/> Crash Ahead											
<input type="checkbox"/> Unknown (Explain)											
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)											
SEQUENCE OF EVENTS CODES											
1 34											
ANIMAL CODE(S)											
FIXED OBJECT CODE(S)											
ALCOHOL USE											
<input type="checkbox"/> Yes <input type="checkbox"/> Unk											
<input checked="" type="checkbox"/> No <input type="checkbox"/> NA											
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None											
<input checked="" type="checkbox"/> Vehicle Defects (Explain)											
<input type="checkbox"/> Speed - Exceeded Limit											
<input type="checkbox"/> Too Fast For Conditions											
<input checked="" type="checkbox"/> Violation Signal / Sign											
<input checked="" type="checkbox"/> Failed To Yield											
<input type="checkbox"/> Alcohol											
<input type="checkbox"/> Drugs											
<input type="checkbox"/> Vision Obstructed											
<input type="checkbox"/> Driver Fatigue / Asleep											
<input type="checkbox"/> Improper Signal											
<input type="checkbox"/> Improper Backing											
<input type="checkbox"/> Improper Turn											
<input type="checkbox"/> Improper Passing											
<input type="checkbox"/> Improperly Parked											
<input type="checkbox"/> Failed To Dim Headlights											
<input type="checkbox"/> Failed To Use Lights											
<input type="checkbox"/> Following Too Close											
<input type="checkbox"/> Wrong Side (Not Passing)											
<input type="checkbox"/> Wrong Side (One-Way)											
<input type="checkbox"/> Physical Impairment (Explain)											
<input type="checkbox"/> Improper Start From Park											
<input type="checkbox"/> Improper Towing / Pushing											
<input type="checkbox"/> Improperly Stopped On Roadway											
<input type="checkbox"/> Improper Lane Usage / Change											
<input type="checkbox"/> Overcorrected											
<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior											
<input type="checkbox"/> Failed To Secure Load / Improper Loading											
<input type="checkbox"/> Animal(s) In Roadway											
<input type="checkbox"/> Object / Obstruction in Roadway											
<input type="checkbox"/> Distracted / Inattentive (Designate Type)											
<input type="checkbox"/> Unknown (Explain)											
<input type="checkbox"/> Other (Explain)											
DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)											
7E. WORK ZONE											
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown											
TRAFFIC CONTROL <input type="checkbox"/> None <input type="checkbox"/> Unknown											
Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)											
Other: <input checked="" type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus											
Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)											
WORKERS PRESENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown											
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <input type="checkbox"/> Yes (Explain) <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA											
7F. OCCUPANTS - NAME (Last, First, MI)											
ADDRESS (Street, City, State, Zip)											
DATE OF BIRTH											
SEX											
SEAT LOC											
INJ											
TRANSPORT											
EJECTION											
AIR BAG											
SAFETY DEVICES											
PHONE NUMBER											
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.											
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO											
PHONE NUMBER <input type="checkbox"/> SAO											
COMMERCIAL / NON-COMMERCIAL <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle											
<input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Rental Vehicle											
MC / MX / ICC NO.											
USDOT NO.											
CARGO BODY TYPE <input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing Another Veh. <input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other											
<input type="checkbox"/> Cargo Tank <input type="checkbox"/> Dump <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log											
HAZARDOUS MATERIALS											
PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
4-DIGIT NO.											
CLASS											
HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
HAZARDOUS MATERIAL NAME											

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) PHONE NUMBER

2

DRIVER LICENSE / ID NUMBER STATE LIC STATUS Valid ☒ Expired ☐ Susp / Rev / Denied ☐ Disqual CDL ☐ Unknown ☐ NA ☐ Operator Class ☒ F ☐ Permit ☐ Unknown (Explain) ☐ MC ENDORSEMENT ☐ Yes ☒ No ☒ NA ☐ Unknown (Explain)

DATE OF BIRTH SEX SEAT LOC INJ TRANSPORT EJECTION AIR BAG SAFETY DEVICES VISION OBSTRUCTED ☒ Not Obstructed ☐ Trees / Brush ☐ Sign ☐ Moving Veh ☐ Other (Explain) ☐ Windshield ☐ Building ☐ Hillcrest ☐ Stopped Veh ☐ Unknown (Explain) ☐ Load on Veh ☐ Embankment ☐ Parked Veh ☐ Glare

PROOF OF INSURANCE ☒ Yes ☐ No ☐ Not Required INSURANCE COMPANY ☐ Expired ☒ LIBERTY MUTUAL PHONE NO. (Optional) 800-225-2467 POLICY NUMBER ☐ NA ☐ Driver ☒ Vehicle ☐ SAD

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) PHONE NUMBER ☐ SAD

YEAR 2011 MAKE CADILLAC MODEL XTS COLOR MAR MAR VEH. TYPE 1 TOTAL NO. OF OCC. 2

LICENSE - PLATE NO. STATE YEAR VIN 1 TOWED FROM SCENE ☒ Yes ☐ No TOWED DUE TO DIS. DAMAGE ☒ Yes ☐ No

MO 2019

VEHICLE DAMAGE (Mark all damaged areas) ☐ None / No Damage TOWED BY: ☐ Unknown ☐ NA

INITIAL IMPACT NO: 2 18 - Undercarriage 22 - Cargo MCNAMARA'S TOWING  
814-B S. LINDBERGH  
ST. LOUIS, MO 63131

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles ☐ Vehicle Used As Public Conveyance

☒ Passenger Car ☐ Small Bus (9-15 W/Driver) ☐ Motorcycle ☐ Motor Home ☐ Single-unit Truck; 2 axles, 8 tires ☐ GWV / GCWV RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) ☐ Less than or equal to 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ Greater than 26,000 lbs. ☐ Unknown

☐ Van (< 9 W/Driver) ☐ Large Bus (16+ W/Driver) ☐ ATV ☐ Farm Implements ☐ Single-unit Truck; 3 or more axles

☐ Passenger Van (9+ W/Driver) ☐ School Bus ☐ Construction Equip. Heavy Mach. ☐ Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)

☐ Sport Utility Vehicle ☐ Intercity ☐ Other Vehicle (Code) ☐ Truck Tractor With No Units

☐ Limousine (7-8 W/Driver) ☐ Transit / Commuter ☐ Cargo Van ☐ Truck Tractor With One Unit

☐ Limousine (9-15 W/Driver) ☐ Charter / Tour ☐ Pickup ☐ Truck Tractor With Two Units

☐ Motorized Bicycle ☐ Other ☐ Other Heavy Truck ☐ Truck Tractor With Three Units

☐ Pedalcycle ☐ To / From School ☐ Unknown (Explain)

EMERGENCY VEHICLE INVOLVEMENT ☒ NA CONTRIBUTING TRAFFIC CONDITIONS ☒ NA

☐ Police ☐ Ambulance ☐ A. Emergency Vehicle on Emergency Run ☐ Congestion Ahead ☐ Other Incident Ahead

☐ Fire ☐ Other (Must check "A" / "B") ☐ B. Stationary With Emergency Equip. Activated ☐ Crash Ahead ☐ Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES ☐ Additional Codes Listed in Narrative (See Codes in Section 8) ALCOHOL USE ☐ Yes ☐ Unknown ☒ No ☐ NA

SEQUENCE OF EVENTS CODES: 1 34 ANIMAL CODE(S): FIXED OBJECT CODE(S):

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES ☒ None

☐ Vehicle Defects (Explain) ☐ Vision Obstructed ☐ Failed To Dim Headlights ☐ Improper Towing / Pushing ☐ Object / Obstruction in Roadway

☐ Speed - Exceeded Limit ☐ Driver Fatigue / Asleep ☐ Failed To Use Lights ☐ Improperly Stopped On Roadway ☐ Distracted / Inattentive (Designate Type)

☐ Too Fast For Conditions ☐ Improper Signal ☐ Following Too Close ☐ Improper Lane Usage / Change ☐ Unknown (Explain)

☐ Violation Signal / Sign ☐ Improper Backing ☐ Wrong Side (Not Passing) ☐ Overcorrected ☐ Other (Explain)

☐ Failed To Yield ☐ Improper Turn ☐ Wrong Side (One-Way) ☐ Improper Riding / Clinging To Veh. Exterior ☐ DISTRACTED / INATTENTIVE CODE(S) ☒ NA (See Codes in Section 8)

☐ Alcohol ☐ Improper Passing ☐ Physical Impairment (Explain) ☐ Failed To Secure Load / Improper Loading

☐ Drugs ☐ Improperly Parked ☐ Improper Start From Park ☐ Animal(s) In Roadway

7E. WORK ZONE TRAFFIC CONTROL ☐ None ☐ Unknown

☐ Yes ☒ No ☐ Unknown Electric: ☐ Green/Yellow/Red ☐ Flashing Red ☐ Flashing Yellow ☐ Ramp Meter ☐ Other (Explain)

Workers Present ☐ Yes ☒ No ☐ Unknown Other: ☒ Stop Sign ☐ No Passing Zone ☐ Turn Restricted ☐ Officer / Flagman ☐ Signal On School Bus

Controls: ☐ Warning Sign / Device ☐ Railway Crossing Sign / Device ☐ School Zone ☐ Yield Sign ☐ Other (Explain)

CONTROL MALFUNCTIONING / INOPERATIVE / MISSING ☐ Yes (Explain) ☒ No ☐ Unknown ☐ NA

7F. OCCUPANTS - NAME (Last, First, MI) DATE OF BIRTH MM-DD-YYYY SEX SEAT LOC INJ TRANSPORT EJECTION AIR BAG SAFETY DEVICES PHONE NUMBER

ADDRESS (Street, City, State, Zip)

7G. COMMERCIAL MOTOR VEHICLE ☒ NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.

MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) ☐ SAO PHONE NUMBER ☐ SAO

COMMERCIAL / NON-COMMERCIAL ☐ Interstate Carrier ☐ Not In Commerce - Government Vehicle ☐ Not In Commerce - Other Vehicle ☐ MC / MX / ICC NO. ☐ USDOT NO.

☐ Intrastate Carrier ☐ Not In Commerce - Rental Vehicle

CARGO BODY TYPE ☐ Enclosed Box ☐ Flatbed ☐ Concrete Mixer ☐ Garbage / Refuse ☐ Pole Trailer ☐ Vehicle Towing Another Veh. ☐ Intermodal Container Chassis ☐ NA (No Cargo Body) ☐ Other

☐ Cargo Tank ☐ Dump ☐ Auto Transporter ☐ Grain / Chip / Gravel ☐ Log

HAZARDOUS MATERIALS PLACARD DISPLAYED ☐ Yes ☐ No 4-DIGIT NO. CLASS HM CARGO PRESENT ☐ Yes ☐ No HM CARGO RELEASED ☐ Yes ☐ No HAZARDOUS MATERIAL NAME

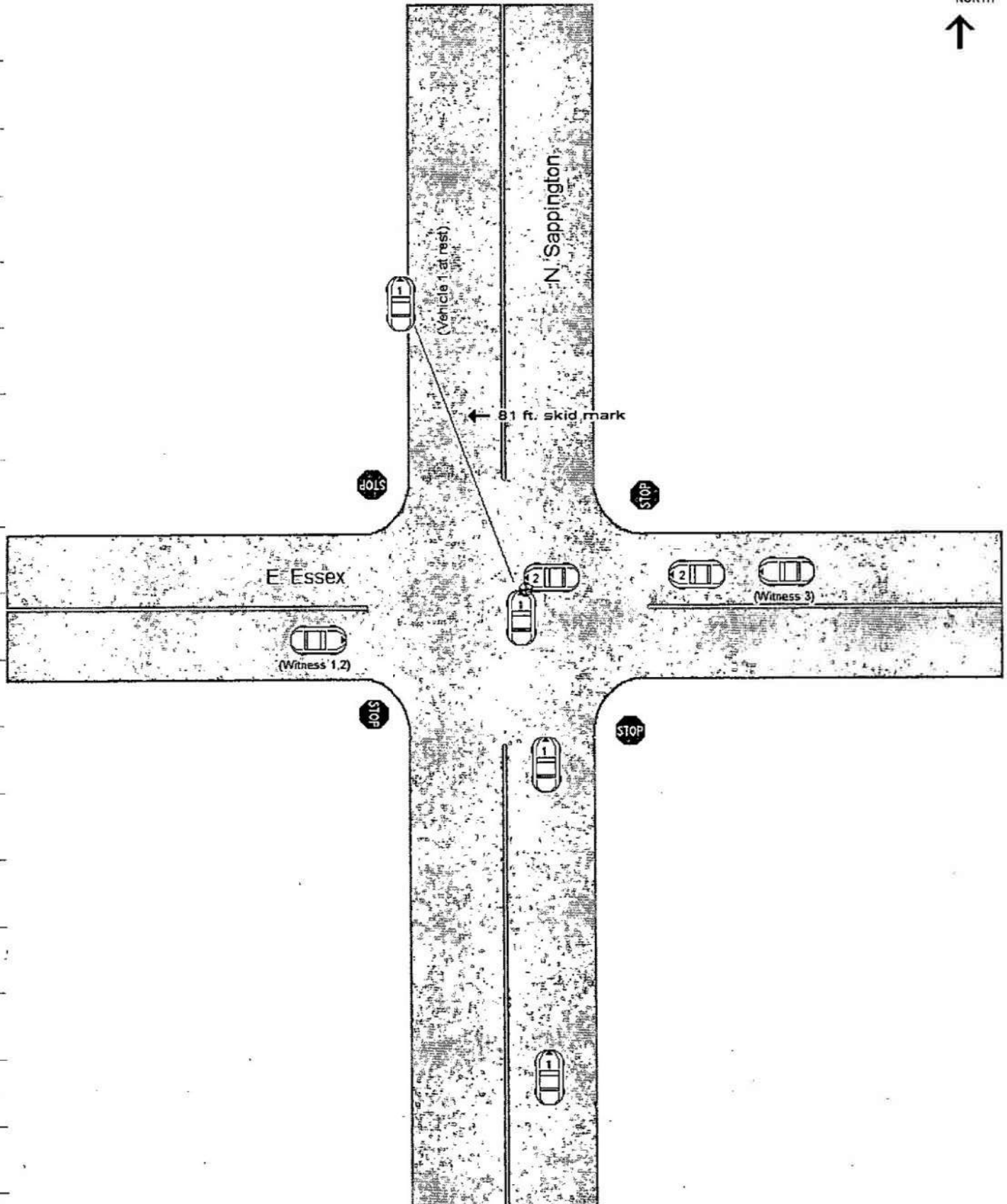
☐ Unknown ☐ Unknown ☐ Unknown

6. COLLISION  
DIAGRAM

Compass Direction  
Before Crash Event(s)  
(Circle One)

V1 ☒ N E S W U V2 N E S ☒ W U V3 N E S W U V4 N E S W U V5 N E S W U V6 N E S W U

INDICATE  
NORTH



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

## 8 - CODES

SEAT LOCATION XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable		INJURY 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	TRANSPORTED (For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA	EJECTION 1. NA 2. No 3. Partially 4. Totally U. Unknown	AIR BAG 1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.)	9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	SAFETY DEVICES 1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet	10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable

## VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk (\*\*) require additional coding)

- |                       |                          |                             |                                       |  |   |
|-----------------------|--------------------------|-----------------------------|---------------------------------------|--|---|
| 1. Going Straight     | 10. Start From Parked    | 19. Airborne                | 28. Separation Of Units               | 37. Collision Inv. Other Object (Explain)                                  | 44. Thrown/Falling Object   |
| 2. Overtaking         | 11. Backing              | 20. Ran Off Roadway - Right | 29. Returned To Roadway               | 38. Other Non-collision  | 45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV |
| 3. Making Right Turn  | 12. Stopped In Traffic   | 21. Ran Off Roadway - Left  | 30. Collision Inv. Pedestrian         | 39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane                      | 46. Ran Off Roadway - Other (Explain)                                 |
| 4. Right Turn on Red  | 13. Parked               | 22. Overturn / Rollover     | 31. Collision Inv. Bicycle/Pedalcycle | 40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation | 47. Cross Separator   |
| 5. Making Left Turn   | 14. Changing Lanes       | 23. Fire / Explosion        | 32. Collision Inv. Railway Veh.       | 41. Collision Inv. Working MV  |   |
| 6. Making U-Turn      | 15. Avoiding             | 24. Immersion               | 33. Collision Inv. Animal (**)        | 42. Downhill Runaway   |   |
| 7. Skidding / Sliding | 16. Cross Median         | 25. Jackknife               | 34. Collision Inv. MV In Transport    | 43. Fell/Jumped From MV  |   |
| 8. Slowing / Stopping | 17. Cross Center Of Road | 26. Cargo Loss / Shift      | 35. Collision Inv. Parked MV          |  |   |
| 9. Start In Traffic   | 18. Cross Road           | 27. Equipment Failure       | 36. Collision Inv. Fixed Object (**)  |  |   |

## ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

- |          |                 |         |                  |            |
|----------|-----------------|---------|------------------|------------|
| 60. Deer | 61. Farm Animal | 62. Dog | 63. Other Animal | U. Unknown |
|----------|-----------------|---------|------------------|------------|

## FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

- |   |   |                                       |                                 |                               |
|---|---|---------------------------------------|---------------------------------|-------------------------------|
| 20. Tree / Stump (Standing)                     | 26. Culvert                             | 32. Building                          | 38. Bridge Rail                 | 44. Wall                      |
| 21. Embankment / Driveway / Ground / Rock Bluff | 27. Highway Traffic Sign Post / Support | 33. Traffic Signal Support            | 39. Guardrail End               | 45. Cable Barrier             |
| 22. Guardrail Face                              | 28. Bridge Pier / Abutment / Support    | 34. Impact Attenuator / Crash Cushion | 40. Other Traffic Barrier       | 46. Bridge Overhead Structure |
| 23. Utility Pole                                | 29. Curb                                | 35. Fire Hydrant                      | 41. Overhead Sign Support       | 47. Overhead Line / Cable     |
| 24. Fence                                       | 30. Mail Box                            | 36. Other (Explain)                   | 42. Ditch                       | U. Unknown                    |
| 25. Street Light Support                        | 31. Concrete Traffic Barrier            | 37. Bridge Parapet End                | 43. Other Post / Pole / Support |                               |

## DISTRACTION / INATTENTION CODES

- |                                     |   |                      |  |
|-------------------------------------|---|----------------------|--|
| 1. External Distraction             | 5. Communication Device - Hand-held           | 9. Eating / Drinking | 13. Computer Equipment / Electronic Games / etc. |
| 2. Passengers                       | 6. Communication Device - Hands Free          | 10. Reading          | 14. Adjusting Vehicle Controls                   |
| 3. Stereo / Audio / Video Equipment | 7. Communication Device - Texting / E-mailing | 11. Tobacco Use      | 15. Other (Explain)                              |
| 4. Navigation Device                | 8. Communication Device - Web Browsing        | 12. Grooming         |  |

## VEHICLE TYPE CODES

- |                               |                          |  |
|-------------------------------|--------------------------|--|
| 1. Motor Vehicle In Transport | 3. Working Motor Vehicle | 5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes |
| 2. Parked Motor Vehicle       | 4. Pedalcycle            | U. Unknown   |

## OTHER VEHICLE CODES

- |                                  |               |  |                      |
|----------------------------------|---------------|--|----------------------|
| 1. Riding Mower / Garden Tractor | 3. Snowmobile | 5. Animal Drawn Vehicle / Animal Ridden For Transportation | 6. Low Speed Vehicle |
| 2. Golf Cart                     | 4. Forklift   |  | 7. Other (Explain)   |

## 9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

UPON ARRIVAL, I MET WITH DRIVER 2 WHO SAID SHE WAS TRAVELING WESTBOUND ON E. ESSEX AND CAME TO A COMPLETE STOP AT THE INTERSECTION OF E. ESSEX AND N. SAPPINGTON ROAD. WHEN IT WAS HER TURN TO PROCEED THROUGH THE INTERSECTION, DRIVER 2 ENTERED THE INTERSECTION AND WAS STRUCK BY VEHICLE 1 IN THE MIDDLE OF THE INTERSECTION. THE FORCE OF THE IMPACT CAUSED VEHICLE 2 TO SPIN 180 DEGREES AND COME TO REST FACING EAST.

DRIVER 1 SAID HE WAS TRAVELING NORTH ON N. SAPPINGTON ROAD, APPROACHING E. ESSEX. DRIVER 1 ADMITTED THAT HE DID NOT OBSERVE THE POSTED STOP SIGN AND VIOLATED IT. DRIVER 1 THEN COLLIDED WITH VEHICLE 2 IN THE MIDDLE OF THE INTERSECTION. AFTER THE IMPACT, VEHICLE 1 CONTINUED IN A NORTHERNLY DIRECTION AND CAME TO REST ON THE WEST SIDEWALK. DRIVER 1 ADMITTED TO CAUSING THE ACCIDENT.

GLENDALE FIRE DEPARTMENT AND ABBOTT AMBULANCE RESPONDED AND TREATED THE DRIVERS AND PASSENGER (IN VEHICLE 2). NONE WISHED TO BE TREATED AT A HOSPITAL.

THE CRASH INVESTIGATION REVEALED VEHICLE 1 HAD 81 FEET OF SKID MARK FROM THE POINT OF IMPACT TO THE POINT OF REST.

WITNESSES 1 AND 2 WERE IN A VEHICLE TOGETHER AT THE INTERSECTION AND OBSERVED VEHICLE 1 VIOLATE THE STOP SIGN AND COLLIDE WITH VEHICLE 2. WITNESS 3 WAS DIRECTLY BEHIND VEHICLE 2 PRIOR TO THE COLLISION AND SAID VEHICLE 1 VIOLATED THE STOP SIGN AND CAUSED THE ACCIDENT.

I ISSUED DRIVER 1 GLENDALE MUNICIPAL SUMMONSES FOR:

1. CARELESS AND IMPRUDENT DRIVING
2. FAIL TO REGISTER MOTOR VEHICLE

NOTHING FURTHER.

## 10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME PTN. MARK E. MCDANIEL	DSN / BADGE NO. 259	BEAT / ZONE 3759	TROOP / DISTRICT / PRECINCT 1
REVIEWING OFFICER NAME SGT. BRYAN K. MELUGIN	DSN / BADGE NO. 323	REVIEWING OFFICER 2 NAME CAPT. ROBERT A. CATLETT, JR.	DSN / BADGE NO. 193





0180042996

AGENCY NAME AND OR

MO0953200

GLENDALE POLICE DEPARTMENT  
424 N. SAPPINGTON ROAD  
GLENDALE, MO 63122

DP

LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DRIVER NO. 1		CLEARED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CRASH CLASSIFICATION 1		PROPERTY DAMAGE ONLY 1		NO. INJURED 1		NO. KILLED NA		REPORT / CASE / INCIDENT NUMBER 18-2483													
NO. VEH. INV. 2		CRASH DATE 11-06-2018		CRASH TIME (MIL.) 0917		NOTIFIED DATE 11-06-2018		TIME NOTIFIED (MIL.) 0917		INVESTIGATION DATE 11-06-2018		TIME ARRIVED (MIL.) 0917		INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
CRASH TYPE <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway	NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife		Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision		COLLISION INVOLVING <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian				Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans. <input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle				DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE <input type="checkbox"/> Front to Front <input checked="" type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side <input type="checkbox"/> Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)														
	COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.																										
1. Does this crash involve any of the following? 1a. A person fatally injured; OR 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage. <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Go to number 2. →														2. Examine each vehicle to determine if it is a commercial vehicle based upon the following: 2a. A truck / cargo van with GVWR / GCWVR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard. <input type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.													
EVIDENTIARY PHOTOS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY WHOM				AVAILABLE FROM				<input type="checkbox"/> Investigating Agency																	
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY WHOM				AVAILABLE FROM				<input type="checkbox"/> Investigating Agency																	
2 - LOCATION																											
COUNTY 095		MUNICIPALITY 1030		BEAT / ZONE 3791		TRP/DIST/PCT 2		GPS COORDINATES (DD MM SS.S FORMAT) 38 35 44.9		LAT. N 383545.1		LONG. W 902311.1		902311.1													
ST. LOUIS		GLENDALE		RDWY. DIR. S		DISTANCE FROM 20		LOCATION		INTERSECTING		CST X KIRKHAM AVE															
ON		CST X SAPPINGTON RD		RDWY. DIR. S		DISTANCE FROM 20		LOCATION		INTERSECTING		CST X KIRKHAM AVE															
SPEED LIMIT 30		ROAD MAINTAINED BY		<input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other		Feet		Miles		SPEED LIMIT 20		INT. DIR. E		GEO. CODE 328.0													
TRAFFICWAY <input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input checked="" type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Other <input type="checkbox"/> Unknown				ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)				ROAD PROFILE <input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)																			
INTERSECTION TYPE <input type="checkbox"/> 4-way Intersection <input checked="" type="checkbox"/> T-Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> 5-way / More <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)				ROAD CONDITION <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)				WEATHER CONDITION <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)																			
ROAD SURFACE <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)				LIGHT CONDITION <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)																							
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input checked="" type="checkbox"/> None																											
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality																											
4 - WITNESS <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative																											
NAME		ADDRESS (Street, City, State, Zip)										PHONE NUMBER															
5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> Other Pedestrian																											
NO.		NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER															
DATE OF BIRTH		SEX		STRUCK BY VEH #		INJ		TRANS. PORT		SAFETY DEVICES		LOCATION <input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown															
CROSSING ROAD <input type="checkbox"/> NA		<input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown		OTHER ACTIONS <input type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.		<input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic		<input type="checkbox"/> Unknown <input type="checkbox"/> Other (Explain)		SCHOOL INFO. <input type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain)																	
PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)		DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA		ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																							



DRIVERS, VEHICLES, OWNERS, & OCCUPANTS																													
NO. 7A. DRIVER : NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)																PHONE NUMBER													
1																													
DRIVER LICENSE / ID NUMBER				STATE MO		LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown				LIC TYPE <input checked="" type="checkbox"/> Operator Class F <input type="checkbox"/> Permit <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed				MC ENDORSEMENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)															
DATE OF BIRTH		SEX F	SEAT LOC FL	INJ 5	TRANS-PORT 1	EJECTION 2	AIR BAG 3	SAFETY DEVICES 5	VISION OBSTRUCTED <input type="checkbox"/> NA <input type="checkbox"/> Load on Veh		<input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment		<input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh		<input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare		<input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)												
PROOF OF INSURANCE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required				INSURANCE COMPANY GEICO				PHONE NO. (Optional)				POLICY NUMBER <input type="checkbox"/> NA				<input type="checkbox"/> Driver - <input checked="" type="checkbox"/> Vehicle -													
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)																PHONE NUMBER													
YEAR 2016 MAKE TOYOTA MODEL 4RUNNER COLOR BLK VEH. TYPE 1 TOTAL NO. OF OCC. 2																													
LICENSE - PLATE NO.				STATE MO YEAR 2019 VIN		TOWED FROM SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				TOWED DUE TO DIS. DAMAGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
VEHICLE DAMAGE (Mark all damaged areas) None / No Damage																TOWED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA													
INITIAL IMPACT NO. 1																18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit		22 - Cargo 23 - Unknown 24 - Other (Explain)											
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles																Vehicle Used As Public Conveyance													
<input type="checkbox"/> Passenger Car <input type="checkbox"/> Van (< 9 W/Driver) <input checked="" type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School																<input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> School Bus <input type="checkbox"/> Intercity <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other		<input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <input type="checkbox"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Unknown		<input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> Cargo Van <input type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Single-unit Truck; 2 axles, 8 tires <input type="checkbox"/> Single-unit Truck; 3 or more axles <input type="checkbox"/> Veh. Pulling Another Unit(s) <input type="checkbox"/> Truck Tractor With No Units <input type="checkbox"/> Truck Tractor With One Unit <input type="checkbox"/> Truck Tractor With Two Units <input type="checkbox"/> Truck Tractor With Three Units		GVW / GCW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) <input checked="" type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown					
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B")																CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA <input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Unknown (Explain)													
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES																Additional Codes Listed in Narrative (See Codes in Section 8)		ALCOHOL USE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA											
SEQUENCE OF EVENTS CODES 1 8 34																ANIMAL CODE(S)		FIXED OBJECT CODE(S)											
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES																None													
<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs																<input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked		<input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Start From Park		<input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Overcorrected <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Animal(s) In Roadway		<input type="checkbox"/> Object / Obstruction in Roadway <input checked="" type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)		DISTRACTED / INATTENTIVE CODE(S) (See Codes in Section 8) 15					
7E. WORK ZONE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown																TRAFFIC CONTROL Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain) Other: <input checked="" type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)		CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <input type="checkbox"/> Yes (Explain) <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA											
OCCUPANTS - NAME (Last, First, MI)																DATE OF BIRTH MM-DD-YYYY		SEX	SEAT LOC	INJ	TRANS-PORT	EJECTION	AIR BAG	SAFETY DEVICES	PHONE NUMBER				
7F. ADDRESS (Street, City, State, Zip)																03-17-2014		F	SR	5	1	2	1	11					
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA																Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.													
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip)																PHONE NUMBER		SAO											
COMMERCIAL / NON-COMMERCIAL <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Rental Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle																MC / MX / ICC NO.		USDOT NO.											
CARGO BODY TYPE <input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing Another Veh. <input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other <input type="checkbox"/> Unknown																													
HAZARDOUS MATERIALS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		4-DIGIT NO.		CLASS		HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		HAZARDOUS MATERIAL NAME			

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER	
2											
DRIVER LICENSE / ID NUMBER		STATE	LIC STATUS	<input checked="" type="checkbox"/> Valid	<input type="checkbox"/> Expired	LIC TYPE	<input checked="" type="checkbox"/> Operator Class F	<input type="checkbox"/> Permit	<input type="checkbox"/> Unknown (Explain)	MC ENDORSEMENT	
		MO	<input type="checkbox"/> NA	<input type="checkbox"/> Susp / Rev / Denied	<input type="checkbox"/> Disqual CDL	<input type="checkbox"/> NA	<input type="checkbox"/> CDL Class	<input type="checkbox"/> MC Only	<input type="checkbox"/> Unlicensed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No NA
			<input type="checkbox"/> Canceled / Oth Invalid	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown		<input type="checkbox"/> Interm / Grad	<input type="checkbox"/> Unlicensed		<input type="checkbox"/> Unknown (Explain)	
DATE OF BIRTH	SEX	SEAT LOC	INJ	TRANSPORT	EJECTION	AIR BAG	SAFETY DEVICES	VISION OBSTRUCTED	<input checked="" type="checkbox"/> Not Obstructed	<input type="checkbox"/> Trees / Brush	<input type="checkbox"/> Sign
	F	FL	4	1	2	3	5	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Windshield	<input type="checkbox"/> Building	<input type="checkbox"/> Hillcrest
								<input type="checkbox"/> Load on Veh	<input type="checkbox"/> Embankment	<input type="checkbox"/> Parked Veh	<input type="checkbox"/> Moving Veh
										<input type="checkbox"/> Stopped Veh	<input type="checkbox"/> Other (Explain)
PROOF OF INSURANCE		INSURANCE COMPANY		<input type="checkbox"/> Expired		PHONE NO. (Optional)		POLICY NUMBER		<input type="checkbox"/> NA	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		NATIONWIDE								<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle	

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) ☒ SAD

YEAR	MAKE	MODEL	COLOR	VEH. TYPE	TOTAL NO. OF OCC.
2006	LANDROVER	RANGE ROVER	BLK	1	2

LICENSE - PLATE NO.	STATE	YEAR	VIN	TOWED FROM SCENE	TOWED DUE TO DIS. DAMAGE
	MO	2020		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

VEHICLE DAMAGE (Mark all damaged areas)		<input type="checkbox"/> None / No Damage		TOWED BY		<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA	
INITIAL IMPACT NO:	2 3 4 5 6 7	18 - Undercarriage	22 - Cargo				
<input type="checkbox"/> NA	1 15 16 17	19 - Windshield	23 - Unknown				
6	14 13 12 11 10 9	20 - Burned	24 - Other (Explain)				

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles ☐ Vehicle Used As Public Conveyance

<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Small Bus (9-15 W/Driver)	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Motor Home	<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires	GVW / GCWV RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) <input checked="" type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown
<input type="checkbox"/> Van (< 9 W/Driver)	<input type="checkbox"/> Large Bus (16+ W/Driver)	<input type="checkbox"/> ATV	<input type="checkbox"/> Farm Implements	<input type="checkbox"/> Single-unit Truck; 3 or more axles	
<input type="checkbox"/> Passenger Van (9+ W/Driver)	<input type="checkbox"/> School Bus	<input type="checkbox"/> 2 Wh	<input type="checkbox"/> Construction Equip. Heavy Mach.	<input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)	
<input checked="" type="checkbox"/> Sport Utility Vehicle	<input type="checkbox"/> Intercity	<input type="checkbox"/> 3 Wh	<input type="checkbox"/> Other Vehicle (Code)	<input type="checkbox"/> Truck Tractor With No Units	
<input type="checkbox"/> Limousine (7-8 W/Driver)	<input type="checkbox"/> Transit / Commuter	<input type="checkbox"/> 4 Wh	<input type="checkbox"/> Cargo Van	<input type="checkbox"/> Truck Tractor With One Unit	
<input type="checkbox"/> Limousine (9-15 W/Driver)	<input type="checkbox"/> Charter / Tour	<input type="checkbox"/> 5 Wh / More	<input type="checkbox"/> Pickup	<input type="checkbox"/> Truck Tractor With Two Units	
<input type="checkbox"/> Motorized Bicycle	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other Heavy Truck	<input type="checkbox"/> Truck Tractor With Three Units	
<input type="checkbox"/> Pedalcycle			<input type="checkbox"/> Unknown (Explain)		
<input type="checkbox"/> To / From School					

EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA		CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA	
<input type="checkbox"/> Police <input type="checkbox"/> Ambulance	<input type="checkbox"/> A. Emergency Vehicle on Emergency Run	<input type="checkbox"/> Congestion Ahead	<input type="checkbox"/> Other Incident Ahead
<input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B") →	<input type="checkbox"/> B. Stationary With Emergency Equip. Activated	<input type="checkbox"/> Crash Ahead	<input type="checkbox"/> Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES ☐ Additional Codes Listed in Narrative (See Codes in Section 8)

SEQUENCE OF EVENTS CODES	<input type="checkbox"/> Unknown	ANIMAL CODE(S)	FIXED OBJECT CODE(S)	ALCOHOL USE
1 8 12 34				<input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES ☒ None

<input type="checkbox"/> Vehicle Defects (Explain)	<input type="checkbox"/> Vision Obstructed	<input type="checkbox"/> Failed To Dim Headlights	<input type="checkbox"/> Improper Towing / Pushing	<input type="checkbox"/> Object / Obstruction in Roadway
<input type="checkbox"/> Speed - Exceeded Limit	<input type="checkbox"/> Driver Fatigue / Asleep	<input type="checkbox"/> Failed To Use Lights	<input type="checkbox"/> Improperly Stopped On Roadway	<input type="checkbox"/> Distracted / Inattentive (Designate Type)
<input type="checkbox"/> Too Fast For Conditions	<input type="checkbox"/> Improper Signal	<input type="checkbox"/> Following Too Close	<input type="checkbox"/> Improper Lane Usage / Change	<input type="checkbox"/> Unknown (Explain)
<input type="checkbox"/> Violation Signal / Sign	<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Wrong Side (Not Passing)	<input type="checkbox"/> Overcorrected	<input type="checkbox"/> Other (Explain)
<input type="checkbox"/> Failed To Yield	<input type="checkbox"/> Improper Turn	<input type="checkbox"/> Wrong Side (One-Way)	<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior	DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Physical Impairment (Explain)	<input type="checkbox"/> Failed To Secure Load / Improper Loading	
<input type="checkbox"/> Drugs	<input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Animal(s) In Roadway	

7E. WORK ZONE ☐ Yes ☒ No ☐ Unknown

TRAFFIC CONTROL <input type="checkbox"/> None <input type="checkbox"/> Unknown		CONTROL MALFUNCTIONING / INOPERATIVE / MISSING	
Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Yes (Explain) <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA		
Other: <input checked="" type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus			
Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)			

OCCUPANTS - NAME (Last, First, MI)

7F. ADDRESS (Street, City, State, Zip)	DATE OF BIRTH	SEX	SEAT LOC	INJ	TRANSPORT	EJECTION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
	01-27-2018	F	SR	5	1	2	1	12	

7G. COMMERCIAL MOTOR VEHICLE ☒ NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.

MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) ☐ SAO

COMMERCIAL / NON-COMMERCIAL	<input type="checkbox"/> Interstate Carrier	<input type="checkbox"/> Not In Commerce - Government Vehicle	<input type="checkbox"/> Not In Commerce - Other Vehicle	MC / MX / ICC NO.	USDOT NO.
	<input type="checkbox"/> Intrastate Carrier	<input type="checkbox"/> Not In Commerce - Rental Vehicle			

CARGO BODY TYPE	<input type="checkbox"/> Enclosed Box	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Concrete Mixer	<input type="checkbox"/> Garbage / Refuse	<input type="checkbox"/> Pole Trailer	<input type="checkbox"/> Vehicle Towing Another Veh.	<input type="checkbox"/> Intermodal Container Chassis	<input type="checkbox"/> NA (No Cargo Body)	<input type="checkbox"/> Other
	<input type="checkbox"/> Cargo Tank	<input type="checkbox"/> Dump	<input type="checkbox"/> Auto Transporter	<input type="checkbox"/> Grain / Chip / Gravel	<input type="checkbox"/> Log			<input type="checkbox"/> Unknown	

HAZARDOUS MATERIALS	PLACARD DISPLAYED	4-DIGIT NO.	CLASS	HM CARGO PRESENT	HM CARGO RELEASED	HAZARDOUS MATERIAL NAME
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

6. COLLISION  
DIAGRAM

Compass Direction  
Before Crash Event(s)  
(Circle One)

V1 N E S W U V2 N E S W U V3 N E S W U V4 N E S W U V5 N E S W U V6 N E S W U

INDICATE  
NORTH

← = NORTH

⊕ = POINT OF IMPACT

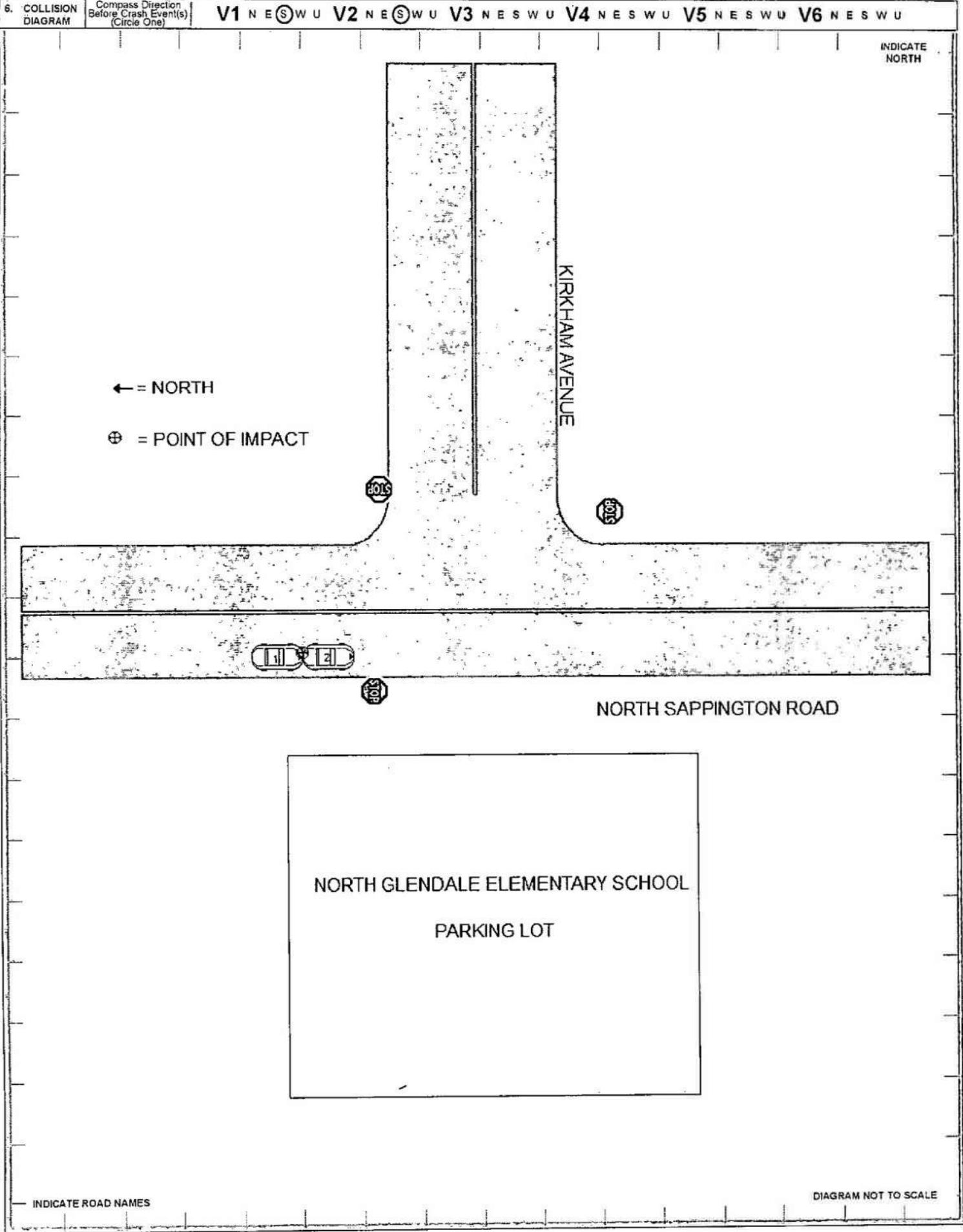
KIRKHAM AVENUE

NORTH SAPPINGTON ROAD

NORTH GLENDALE ELEMENTARY SCHOOL  
PARKING LOT

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE



## 8 - CODES

SEAT LOCATION	INJURY	TRANSPORTED	EJECTION	AIR BAG	SAFETY DEVICES
XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable	<div> <div>FR SR TR</div> <div>FC SC TC</div> <div>FL SL TL</div> </div> 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	(For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA	1. NA 2. No 3. Partially 4. Totally U. Unknown	1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.) 9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet 10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable

## VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [\*\*] require additional coding)

1. Going Straight	10. Start From Parked	19. Airborne	28. Separation Of Units	37. Collision Inv. Other Object (Explain)	44. Thrown/Falling Object
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway	38. Other Non-collision	45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian	39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane	46. Ran Off Roadway - Other (Explain)
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle	40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation	47. Cross Separator
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.	41. Collision Inv. Working MV	
6. Making U-Turn	15. Avoiding	24. Immersion	33. Collision Inv. Animal (**)	42. Downhill Runaway	
7. Skidding / Sliding	16. Cross Median	25. Jackknife	34. Collision Inv. MV in Transport	43. Fell/Jumped From MV	
8. Slowing / Stopping	17. Cross Center Of Road	26. Cargo Loss / Shift	35. Collision Inv. Parked MV		
9. Start In Traffic	18. Cross Road	27. Equipment Failure	36. Collision Inv. Fixed Object (**)		

## ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

60. Deer	61. Farm Animal	62. Dog	63. Other Animal	U. Unknown
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## FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

20. Tree / Stump (Standing)	28. Culvert	32. Building	38. Bridge Rail	44. Wall
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End	45. Cable Barrier
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier	46. Bridge Overhead Structure
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support	47. Overhead Line / Cable
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch	U. Unknown
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support	

## DISTRACTION / INATTENTION CODES

1. External Distraction	5. Communication Device - Hand-held	9. Eating / Drinking	13. Computer Equipment / Electronic Games / etc.
2. Passengers	6. Communication Device - Hands Free	10. Reading	14. Adjusting Vehicle Controls
3. Stereo / Audio / Video Equipment	7. Communication Device - Texting / E-mailing	11. Tobacco Use	15. Other (Explain)
4. Navigation Device	8. Communication Device - Web Browsing	12. Grooming	

## VEHICLE TYPE CODES

1. Motor Vehicle In Transport	3. Working Motor Vehicle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes
2. Parked Motor Vehicle	4. Pedalcycle	U. Unknown

## OTHER VEHICLE CODES

1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transportation	6. Low Speed Vehicle
2. Golf Cart	4. Forklift		7. Other (Explain)

## 9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

VEHICLE #2 WAS TRAVELLING SOUTHBOUND ON N. SAPPINGTON ROAD AND CAME TO A STOP AT THE STOP SIGN LOCATED AT THE INTERSECTION AT W. KIRKHAM AVENUE. VEHICLE #1 WAS TRAVELLING SOUTHBOUND ON N. SAPPINGTON ROAD AND REAR ENDED VEHICLE #2 AT THE STOP SIGN LOCATED AT INTERSECTING W. KIRKHAM AVENUE.

DRIVER #1 STATED SHE WAS TRAVELLING SOUTHBOUND ON N. SAPPINGTON ROAD AND, AS SHE APPROACHED W. KIRKHAM AVENUE, SHE LOOKED DOWN AT HER WALLET TO MAKE SURE SHE HAD HER IDENTIFICATION IN ORDER TO VOTE IN THE ELECTION. DRIVER #1 STATED WHEN SHE LOOKED BACK UP, VEHICLE #2 HAD STOPPED AT THE W. KIRKHAM AVENUE STOP SIGN AND HER VEHICLE REAR ENDED VEHICLE #2.

DRIVER #2 STATED SHE CAME TO A STOP AT THE SOUTHBOUND N. SAPPINGTON ROAD AND W. KIRKHAM STOP SIGN AND HER VEHICLE WAS REAR ENDED BY VEHICLE #1

THERE WERE NO INJURIES REPORTED AT THE SCENE. VEHICLE #1 HAD MODERATE DAMAGE TO THE FRONT END. VEHICLE #2 HAD MODERATE DAMAGE TO THE REAR HATCH AREA.

DRIVER #2 CALLED ME AT 1028 HOURS AND STATED HER NECK WAS STARTING TO BOTHER HER AND SHE WAS GOING TO GET IT CHECKED OUT AT AN URGENT CARE FACILITY.

## 10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
SGT. CHRISTOPHER J. SARANTAKIS	291	3791	2
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
CAPT. ROBERT A. CATLETT, JR.	193	CHIEF JEFFREY BEATON	320



# CRASH MODIFICATION FACTORS CLEARINGHOUSE

## CMF / CRF DETAILS

CMF ID: 7489

### IMPROVE PAVEMENT FRICTION (THIN HMA-HOT MIX ASPHALT)

DESCRIPTION: THIN HOT MIX ASPHALT (HMA) OVERLAY

PRIOR CONDITION: *NO PRIOR CONDITION(S)*

CATEGORY: ROADWAY

STUDY: EVALUATION OF PAVEMENT SAFETY PERFORMANCE, MERRITT ET AL., 2015

Star Quality Rating: [VIEW SCORE DETAILS]

#### Crash Modification Factor (CMF)

Value: 0.93

Adjusted Standard Error:

Unadjusted Standard Error: 0.015

#### Crash Reduction Factor (CRF)

Value:

Adjusted Standard Error:

Unadjusted Standard Error:

#### Applicability

Crash Type: All

Crash Severity: All

Roadway Types: Not specified

Number of Lanes: Multi

Road Division Type: All

Speed Limit:

Area Type: All

Traffic Volume: Minimum of 984 to Maximum of 61962 Annual Average Daily Traffic (AADT)

Average Traffic Volume: 19323 Annual Average Daily Traffic (AADT)

Time of Day: All

*If countermeasure is intersection-based*



## Intersection Type:

## Intersection Geometry:

## Traffic Control:

## Major Road Traffic Volume:

## Minor Road Traffic Volume:

## Average Major Road Volume :

## Average Minor Road Volume :

## Development Details

Date Range of Data Used: 2000 to 2010

## Municipality:

State: NC

Country: USA

Type of Methodology Used: Before/after using empirical Bayes or full Bayes

Sample Size (crashes): 11528 crashes after

Sample Size (miles): 201.34 miles before, 201.34 miles after

## Other Details

Included in Highway Safety Manual? No

Date Added to Clearinghouse: Nov-01-2015

## Comments:

[VIEW THE FULL STUDY DATA](#)[EXPORT DETAIL PAGE AS A PDF](#)

This site is funded by the U.S. Department of Transportation Federal Highway Administration  
and maintained by the University of North Carolina Highway Safety Research Center

For more information, contact Karen Scurry at karen.scurry@dot.gov

The information contained in the Crash Modification Factors (CMF) Clearinghouse is disseminated under the sponsorship of the U.S. Department of Transportation in the interest of information exchange. The U.S. Government assumes no liability for the use of the information contained in the CMF Clearinghouse. The information contained in the CMF Clearinghouse does not constitute a standard, specification, or regulation, nor is it a substitute for sound engineering judgment.



CMF / CRF DETAILS

CMF ID: 4123

INSTALL HIGH-VISIBILITY CROSSWALK

DESCRIPTION: HIGH-VISIBILITY CROSSWALKS AIM TO INCREASE AWARENESS OF PEDESTRIANS AT INTERSECTIONS BY USING HIGHLY VISIBLE MARKING PATTERNS. THE MARKINGS USED IN THIS STUDY INCLUDED A SERIES OF LONGITUDINAL STRIPES CONSTRUCTED FROM THERMOPLASTIC MATERIAL.

PRIOR CONDITION: HIGH VISIBILITY CROSSWALKS AIM TO INCREASE AWARENESS OF PEDESTRIANS AT INTERSECTIONS BY USING HIGHLY VISIBLE MARKING PATTERNS. HIGH VISIBILITY CROSSWALKS INSTALLED IN NYC HAVE A SERIES OF WHITE STRIPES THAT ARE CONSTRUCTED FROM THERMOPLASTIC MATERIALS.

CATEGORY: PEDESTRIANS

STUDY: [THE RELATIVE EFFECTIVENESS OF PEDESTRIAN SAFETY COUNTERMEASURES AT URBAN INTERSECTIONS - LESSONS FROM A NEW YORK CITY EXPERIENCE, LI CHEN, CYN AND REID EWING, 2012](#)

IMAGE: [VIEW THE COUNTERMEASURE IMAGE.](#)

Star Quality Rating: [\[VIEW SCORE DETAILS\]](#)

Crash Modification Factor (CMF)

Value: 0.6

Adjusted Standard Error:

Unadjusted Standard Error:

Crash Reduction Factor (CRF)

Value: 40 (This value indicates a **decrease** in crashes)

Adjusted Standard Error:

Unadjusted Standard Error:

Applicability

Crash Type: Vehicle/pedestrian

Crash Severity: All

Roadway Types: Not Specified

Number of Lanes:

Road Division Type:

Speed Limit:

Area Type: Urban

Traffic Volume:

Average Traffic Volume:

<b>Time of Day:</b>	All
<i>If countermeasure is intersection-based</i>	
<b>Intersection Type:</b>	Roadway/roadway (not interchange related)
<b>Intersection Geometry:</b>	3-leg,4-leg
<b>Traffic Control:</b>	Not specified
<b>Major Road Traffic Volume:</b>	
<b>Minor Road Traffic Volume:</b>	
<b>Average Major Road Volume :</b>	
<b>Average Minor Road Volume :</b>	
<b>Development Details</b>	
<b>Date Range of Data Used:</b>	1998 to 2008
<b>Municipality:</b>	New York City
<b>State:</b>	NY
<b>Country:</b>	USA
<b>Type of Methodology Used:</b>	Simple before/after
<b>Sample Size (crashes):</b>	63 crashes before, 15 crashes after
<b>Other Details</b>	
<b>Included in Highway Safety Manual?</b>	No
<b>Date Added to Clearinghouse:</b>	Nov-01-2012
<b>Comments:</b>	The treatment group included both signalized and unsignalized intersections. The corresponding change in crashes in comparison group was an 18 percent reduction in pedestrian-vehicle crashes. This could be used to adjust the treatment to account for other factors not related to the treatment.

[VIEW THE FULL STUDY DATA](#)
[EXPORT DETAIL PAGE AS A PDF](#)

This site is funded by the U.S. Department of Transportation Federal Highway Administration and maintained by the University of North Carolina Highway Safety Research Center

For more information, contact Karen Scurry at karen.scurry@dot.gov

The information contained in the Crash Modification Factors (CMF) Clearinghouse is disseminated under the sponsorship of the U.S. Department of Transportation in the interest of information exchange. The U.S. Government assumes no liability for the use of the information contained in the CMF Clearinghouse. The information contained in the CMF Clearinghouse does not constitute a standard, specification, or regulation, nor is it a substitute for sound engineering judgment.



## CMF / CRF Details

**CMF ID: 9021**

**Install pedestrian hybrid beacon (PHB or HAWK) with advanced yield or stop markings and signs**

**Description:** Install a combination of a pedestrian hybrid beacon (PHB) and advanced yield or stop markings and signs

**Prior Condition:** No PHB or advanced yield or stop markings and signs

**Category:** Pedestrians

**Study:** [\*Development of Crash Modification Factors for Uncontrolled Pedestrian Crossing Treatments, Zegeer et al., 2017\*](#)

**Star Quality Rating:**



[\[View score details\]](#)

### Crash Modification Factor (CMF)

**Value:**

0.432

**Adjusted Standard Error:**

**Unadjusted Standard Error:**

0.134

### Crash Reduction Factor (CRF)

**Value:**

56.8 (This value indicates a **decrease** in crashes)

<b>Adjusted Standard Error:</b>	
<b>Unadjusted Standard Error:</b>	13.4

<b>Applicability</b>	
<b>Crash Type:</b>	Vehicle/pedestrian
<b>Crash Severity:</b>	All
<b>Roadway Types:</b>	Minor Arterial
<b>Number of Lanes:</b>	2 to 8
<b>Road Division Type:</b>	
<b>Speed Limit:</b>	
<b>Area Type:</b>	Urban and suburban
<b>Traffic Volume:</b>	6634 to 48791 <i>Annual Average Daily Traffic (AADT)</i>
<b>Time of Day:</b>	All

<i><b>If countermeasure is intersection-based</b></i>	
<b>Intersection Type:</b>	
<b>Intersection Geometry:</b>	
<b>Traffic Control:</b>	
<b>Major Road Traffic Volume:</b>	
<b>Minor Road Traffic Volume:</b>	

<b>Development Details</b>	
<b>Date Range of Data Used:</b>	2004 to 2013
<b>Municipality:</b>	



<b>State:</b>	AZ, FL, IL, MA, NY, NC, OR, VA, WI
<b>Country:</b>	USA
<b>Type of Methodology Used:</b>	Other before/after
<b>Sample Size Used:</b>	

Other Details	
<b>Included in Highway Safety Manual?</b>	No
<b>Date Added to Clearinghouse:</b>	Nov-17-2017
<b>Comments:</b>	Methodology used was a combination of EB before-after and cross-sectional estimations. Also, study sites were a combination of intersection and mid-block locations.

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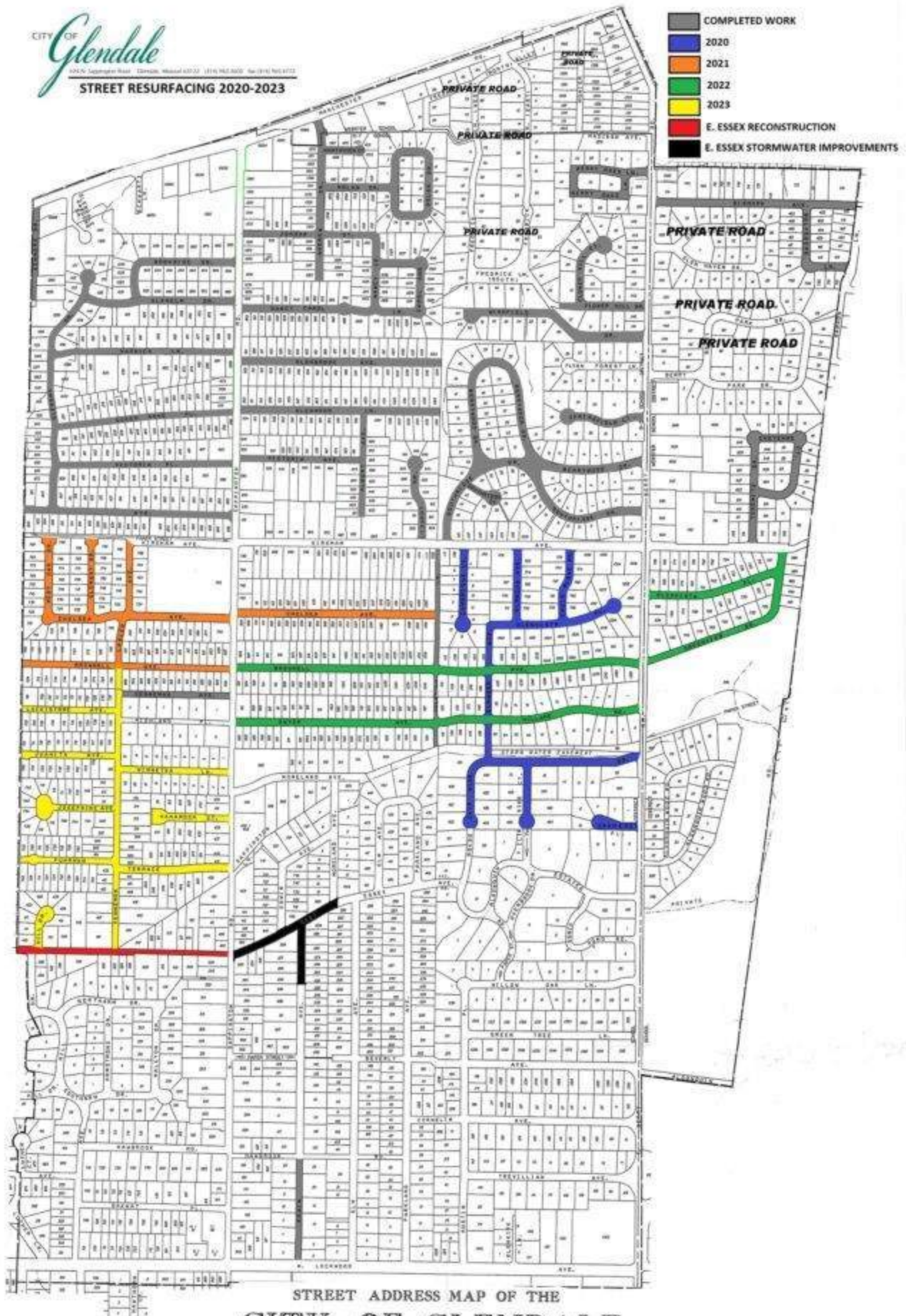
## **APPENDIX E**

### **Sappington Road Improvements STP Application**

- **COMPREHENSIVE STREETS PLAN**
- **CITY ORDINANCE OF SUPPORT**
  - **LETTERS OF SUPPORT**



STREET RESURFACING 2020-2023



STREET ADDRESS MAP OF THE  
CITY OF GLENDALE  
MISSOURI

A RESOLUTION AUTHORIZING AN APPLICATION TO THE SURFACE TRANSPORTATION PROGRAM UNDER THE TRANSPORTATION IMPROVMENTS PLAN 2023-2025 FOR FUNDS FOR THE RESURFACING OF SAPPINGTON ROAD AND RECONSTRUCTION OF CROSSWALKS ALONG SAPPINGTON ROAD IN THE CITY LIMITS OF THE CITY OF GLENDALE, MISSOURI.

**WHEREAS**, funds are available for the reconstruction of minor arterial roads through the federal Surface Transportation Program under the Transportation Improvements Plan 2023-2025; and

**WHEREAS**, Sappington Road is a minor arterial road and as such, may be eligible for said funding under this program; and

**WHEREAS**, the City of Glendale applied for STP grant funding for this project in the 2020-2022, 2021-2023, and 2022-2024 grant cycles but the applications were denied; and

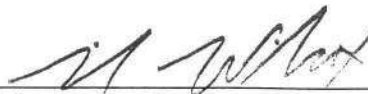
**WHEREAS**, the City of Glendale FY2021-2025 Capital Improvement Program includes STP grant match funds to resurface Sappington Road from Manchester Avenue to Lockwood Avenue;

**NOW, THEREFORE**, BE IT RESOLVED BY THE BOARD OF ALDERMEN OF THE CITY OF GLENDALE, MISSOURI, AS FOLLOWS:


**SECTION ONE:**

The City hereby approves submission of an application for a grant to resurface Sappington Road within the City limits and to reconstruct the crosswalks on Sappington Road within the City limits from the Surface Transportation Program under the Transportation Improvements Plan 2023-2025 during the 2021 grant year cycle and authorizes and directs the City Administrator to execute and submit such grant application.

This resolution passed and approved this 1<sup>st</sup> day of February 2021.

  
\_\_\_\_\_  
Michael A. Wilcox  
Mayor

ATTEST:

  
\_\_\_\_\_  
Benjamin DeClue  
City Administrator / City Clerk





Jeffrey Beaton, Chief of Police  
424 North Sappington Road  
Glendale, Missouri 63122  
314-965-0000 • Fax 314-965-2912

January 21, 2021

Jim Wild  
East-West Gateway Council of Governments  
Gateway Tower  
One Memorial Drive, Suite 1600  
St. Louis, MO 63102-2451

Dear Mr. Jim Wild,

This letter is in reference to the proposed street, sidewalk and curbing restoration project for N. Sappington Road within the City of Glendale, Missouri.

The Glendale Police Department's main mission is to ensure the safety of its residents, citizens and visitors within the City of Glendale at all times. To achieve this mission, it is the responsibility of all departments within the City to ensure that we are providing the safest environment possible. This environment includes safe vehicular roadways and safe walking paths within our jurisdiction.

Due to many destinations being on N. Sappington Road, it is one of the most heavily traveled roadways within the City of Glendale. These destinations include North Glendale Elementary School, Glendale Lutheran Church & Pre-School, Glendale Presbyterian Church and Glendale City Hall (which includes the police & fire departments).

The proposed grant for the restoration work along N. Sappington Road would definitely aide the City of Glendale in providing the safest environment possible in the following ways:

1. Providing safe sidewalks along N. Sappington Road for parents, students and other pedestrians to walk (or ride their bikes) to and from the schools and churches. The schools and churches along this roadway also have playgrounds and act as parks for children to play.
2. Providing safe crosswalks for pedestrian foot traffic to safely cross the roadway while walking, jogging or riding their bikes to and from the many destinations along N. Sappington Road. Also ensuring that the crosswalks have proper handicap capability.
3. Providing adequate curbing to ensure that rainwater properly flows to water runoff inlets and prevents water from pooling on the streets.
4. Providing improved roadway surfaces for safe vehicular passage. Many sewer improvement projects and other construction projects have disturbed the safe, smooth surfaces along the roadway and they need to be improved.

The improvements recommended in the grant application would allow for a safer environment for pedestrian and vehicular traffic along the stretch of N. Sappington Road within the City of Glendale. The Glendale Police Department supports the proposed improvements as we believe it would greatly benefit in our goal of providing a safe environment.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in black ink that reads "Jeffrey Beaton". The signature is fluid and cursive, with the first name "Jeffrey" being more prominent than the last name "Beaton".

Jeffrey Beaton  
Chief of Police





*Dr. David Ulrich*  
*Superintendent of Schools*

January 26, 2021

Mr. Jim Wild  
East-West Gateway Council of Governments  
Gateway Tower  
One Memorial Drive, Suite 1600  
St. Louis, MO 63102-2451

Dear Mr. Wild:

I would like to encourage your council to award a grant to the City of Glendale for the street resurfacing and crosswalk and sidewalk replacements along North Sappington Road.

This work is essential to ensure that N. Sappington Road continues to provide safe passage for cars and pedestrians as they travel this street to get to and from North Glendale Elementary School. The Kirkwood School is supportive of this work, as it will help to keep our children and families safe. If you have need of further information, please feel free to contact me.

Sincerely,

Dr. David Ulrich  
Superintendent

*Celebrating 150 Years of Excellence in Education*

## LETTER SUPPORTING N. SAPPINGTON RD RESURFACING AND CROSSWALK AND SIDEWALK REPLACEMENTS

January 21, 2021

Mr. Jim Wild  
East-West Gateway Council of Governments  
Gateway Tower  
One Memorial Drive, Suite 1600  
St. Louis, MO 63102-2451

Dear Mr. Wild,

I would like to encourage your council to award a grant to the City of Glendale for the resurfacing of N. Sappington Rd and replacement of deteriorated crosswalks and sidewalk sections.

This work is essential to ensure N. Sappington Rd continues to provide safe passage for cars and pedestrians as they travel this street to visit my facility. I am supportive of this work.

Sincerely,

JACOB UTTERBACK, D.C.  
Print Name

  
Sign Name

UTTERBACK Chiropractic, LLC  
Business Name

OWNER  
Title

423 N. Sappington Rd. STL, MO 63122  
Street Address

## LETTER SUPPORTING N. SAPPINGTON RD RESURFACING AND CROSSWALK AND SIDEWALK REPLACEMENTS

January 21, 2021

Mr. Jim Wild  
East-West Gateway Council of Governments  
Gateway Tower  
One Memorial Drive, Suite 1600  
St. Louis, MO 63102-2451

Dear Mr. Wild,

I would like to encourage your council to award a grant to the City of Glendale for the resurfacing of N. Sappington Rd and replacement of deteriorated crosswalks and sidewalk sections.

This work is essential to ensure N. Sappington Rd continues to provide safe passage for cars and pedestrians as they travel this street to visit my facility. I am supportive of this work.

Sincerely,

Rev Scott Jonas  
Print Name

Scott Jonas  
Sign Name

Glendale Lutheran Church  
Business Name

Pastor  
Title

1376 N. Sappington Rd 63122  
Street Address

# LETTER SUPPORTING N. SAPPINGTON RD RESURFACING AND CROSSWALK AND SIDEWALK REPLACEMENTS

January 21, 2021

Mr. Jim Wild  
East-West Gateway Council of Governments  
Gateway Tower  
One Memorial Drive, Suite 1600  
St. Louis, MO 63102-2451

Dear Mr. Wild,

I would like to encourage your council to award a grant to the City of Glendale for the resurfacing of N. Sappington Rd and replacement of deteriorated crosswalks and sidewalk sections.

This work is essential to ensure N. Sappington Rd continues to provide safe passage for cars and pedestrians as they travel this street to visit my facility. I am supportive of this work.

Sincerely,

Michael Vitale

Print Name



Sign Name

Vitale's Deli

Business Name

Owner

Title

425 NORTH SAPPINGTON ST. LOUIS MO 63124

Street Address

## LETTER SUPPORTING N. SAPPINGTON RD RESURFACING AND CROSSWALK AND SIDEWALK REPLACEMENTS

January 21, 2021

Mr. Jim Wild  
East-West Gateway Council of Governments  
Gateway Tower  
One Memorial Drive, Suite 1600  
St. Louis, MO 63102-2451

Dear Mr. Wild,

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This work is essential to ensure N. Sappington Rd continues to provide safe passage for cars and pedestrians as they travel this street to visit my facility. I am supportive of this work.

Sincerely,

Susan H. Westerbeek  
Print Name

  
Sign Name

Westwood Grocery, Cafery + Deli  
Business Name

president  
Title

190 N. Sappington Rd Glendale MO 63122  
Street Address



# LETTER SUPPORTING N. SAPPINGTON RD RESURFACING AND CROSSWALK AND SIDEWALK REPLACEMENTS

January 21, 2021

Mr. Jim Wild  
East-West Gateway Council of Governments  
Gateway Tower  
One Memorial Drive, Suite 1600  
St. Louis, MO 63102-2451

Dear Mr. Wild,

I would like to encourage your council to award a grant to the City of Glendale for the resurfacing of N. Sappington Rd and replacement of deteriorated crosswalks and sidewalk sections.

This work is essential to ensure N. Sappington Rd continues to provide safe passage for cars and pedestrians as they travel this street to visit my facility. I am supportive of this work.

Sincerely,

Patrick McCormac

Print Name

John McCone

Sign Name

MOONBEAM

Business Name

Owner

Title

421. Sappington

Street Address

**LETTER SUPPORTING N. SAPPINGTON RD RESURFACING AND  
CROSSWALK AND SIDEWALK REPLACEMENTS**

January 21, 2021

Mr. Jim Wild  
East-West Gateway Council of Governments  
Gateway Tower  
One Memorial Drive, Suite 1600  
St. Louis, MO 63102-2451

Dear Mr. Wild,

I would like to encourage your council to award a grant to the City of Glendale for the resurfacing of N. Sappington Rd and replacement of deteriorated crosswalks and sidewalk sections.

This work is essential to ensure N. Sappington Rd continues to provide safe passage for cars and pedestrians as they travel this street to visit my facility. I am supportive of this work.

Sincerely,

SHANE LABEAU

Print Name



Sign Name

LINDELL BANK

Business Name

AVP - BR. MANAGER

Title

10018 MANCHESTER RD.

Street Address

## **APPENDIX F**

### Sappington Road Improvements STP Application

- **OPERATIONS AND MAINTENANCE FORM**

## Operations and Maintenance Form

	Name of Local Public Agency	City of Glendale				
	State	MO				
<b>1. How many lane miles (total) are maintained by your city/agency, or for transit agencies how many vehicles are in your fleets.</b> <b>If unable to provide lane miles then list centerline miles.</b>						
<a href="#">Lane miles vs Centerline miles</a> If you don't know what the difference between a lane mile and centerline mile contact Jason Lange						
Total Lane Miles <input type="text" value="52"/> (in miles) or Total Centerline Miles <input type="text" value=""/> (in miles)						
<b>Transit Agencies Only</b> # of Vehicles in Fleet <input type="text" value="6"/> in PW						
<b>2. Budget Information</b>						
Year of most recent budget <input type="text" value="2021"/>						
Budgeted total revenue <input type="text" value="\$4,148,247.00"/> Entire municipal or county budget						
Sources of revenue (i.e. sales tax, property tax, motor fuel tax) <table border="1"> <tr> <td>Sales Tax: \$1,071,000</td> </tr> <tr> <td>Property Tax: \$739,500</td> </tr> <tr> <td>Utility Tax: \$850,000 Motor Fuel Tax: \$220,000</td> </tr> <tr> <td>Other: \$1,267,747</td> </tr> </table>			Sales Tax: \$1,071,000	Property Tax: \$739,500	Utility Tax: \$850,000 Motor Fuel Tax: \$220,000	Other: \$1,267,747
Sales Tax: \$1,071,000						
Property Tax: \$739,500						
Utility Tax: \$850,000 Motor Fuel Tax: \$220,000						
Other: \$1,267,747						
<b>3. Total expenditures for transportation operations and maintenance – from your current budget</b> <i>(This would include, in total, how much is budgeted for: salaries, fringe benefits, materials and equipment needed to deliver the roadway and bridge maintenance programs. This includes basic maintenance activities like minor surface treatments such as: sealing, small concrete repairs and pothole patching; mowing right of way; snow removal; replacing signs; striping; repairing guardrail; and repairing traffic signals) - DO NOT INCLUDE CAPITAL IMPROVEMENTS SUCH AS OVERLAY RESURFACING, TIP PROJECTS, OR OTHER MAJOR ROAD/SIDEWALK PROJECTS</i>						
Total Transportation Operations and Maintenance Expenditures <input type="text" value="\$548,400.00"/>						

Please use information from the most current budget for your city/agency.

Updated: 10/2018